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COMMISSION OF INQUIRY INTO THE
USE OF DRUGS AND BANNED PRACTICES
INTENDED TO INCREASE ATHLETIC PERFORMANCE

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HEARING HELD AT 2nd FLOOR - 1235 BAY STREET,
TORONTO, ONTARIO ON
MONDAY, JANUARY 16, 1989

15

VOLUME 5

B E F O R E:

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THE HONOURABLE MR. JUSTICE CHARLES LEONARD DUBIN

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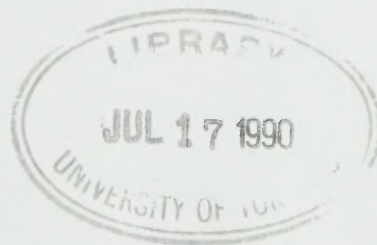
TORONTO, ONTARIO ON

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B E F O R E :

THE HONOURABLE MR. JUSTICE CHARLES LEONARD DUBIN



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THE COMMISSIONER: Good morning, Ms. Chown.

MS. CHOWN: Thank you, Mr. Commissioner.

ABBY HOFFMAN: Recalled

5

--- DIRECT EXAMINATION BY MS. CHOWN:

MS. CHOWN:

Q. Miss Hoffman, when we broke on Friday,
we were somewhere in the midst of 1985. I wonder if we
could start today with the new policy that came into force
10 in 1985 through Sport Canada.

Mr. Commissioner, that's the small
booklet entitled Drug Use and Doping Control in Sport, a
Sport Canada Policy Update.

15 THE COMMISSIONER: I have that one.

MS. CHOWN: Yes, thank you. If that might be
marked as Exhibit 37.

--- EXHIBIT NO. 37: Booklet entitled "Drug Use and Doping
20 Control in Sport, a Sport Canada
Policy Update"

MS. CHOWN:

Q. Miss Hoffman, can you tell us why the
25 Federal Government decided to update it's policy that had

been first put into place in 1983?

5 A. Yes, I can. I suppose among other things, and maybe more critical than anything else, was the fact that there continued to be positive test results recorded among Canadian athletes. And to the extent that it is believed that penalties and particularly rather severe penalties had some deterrent effect or could have some further deterrent effect, one of the purposes of new and revised policy or the revised version of the policy rather was to extend the penalties. As well, a number of things of course had been learned by those responsible for the implementation of the policy over the two years since its first announcement in December 1983. And there was a desire to clarify certain aspects of the policy, to identify in a couple of cases responsibilities particularly of national sport bodies and athletes a little more clearly and those were among the major revisions to the policy that were undertaken and in the version that was released in 1985.

20 Q. And dealing specifically with the strengthened penalties, can you outline for us what changes were made?

25 A. Yes. Specifically, the penalties were to be linked to the nature of the doping infractions so that all of the banned substances for all practical purposes

were divided into two categories. So that all of those offenses having to do with steroids and related compounds fell into one class as far as penalties were concerned, and all other banned substances and practices and infractions related to those drugs or practices fell into another category. And in effect, the penalties that were announced in the '85 policy were the following: for non-steroid drugs, the penalty for a first infraction was one year or a longer penalty if in fact the national sport organization or international body imposed a longer penalty, but a minimum of one year. And a second infraction for a non-steroid violation would be a life time suspension from eligibility for federal funding.

In the case of steroid and related compounds, the penalties were to be a life time withdrawal of eligibility for federal funding from the first infraction. And that penalty, the life time penalty, had an appeal mechanism outlined in the policy which is a direct appeal to the Federal Minister responsible for sport.

As well, the policy clarified precisely when the penalty would commence and that is with the confirmation of the positive test result as confirmed by the B sample during the testing process.

Q. Can you tell us in more detail what it

exactly means to say that an athlete would be suspended eligibility for federal funding?

5 A. Well, athletes receive a variety of material support from the Federal Government. I think it is easiest to classify that sport into two categories, direct and indirect. The type of direct support they might receive would be that, for example, under the heading of the Athlete Assistance Program, Monthly Training and Living Support Program, which we discussed
10 last week. That's a form of direct funding where an athlete, having met certain criteria, qualifies for the funding and they in turn then receive support on a bi-monthly basis directly from Sport Canada.

 Q. This is the carded athletes?

15 A. That's correct.

 The other kind of funding that they might receive, really there are many possible ways in which they might receive support indirectly. For the most part, that would be funding or support through the national sport
20 body. And it might mean the services of a national coach if it's an athlete who is a member of the national team and who trains either on a regular or intermittent basis with the national coach. It might mean access to a national high performance sports center, if it's an
25 athlete located in undertaking their training at one of

those centres. It might be subsidies to help pay for the cost of travel to training camps and international competitions. Again, if we are speaking of an athlete who is a national team member and who is participating in those competitive and training activities under the national team program.

As well, given the fact that the majority of national sport bodies as I indicated last week are in receipt of very large amounts of federal funding for their ongoing operations and activities and administrative operations as well, one could almost say that virtually any service that an athlete receives from his or her national sport body is somehow or another influenced by federal funding. So, for example, if the national sport body acts, as is the case in some sports, as the agent for the athlete, agent in the sense of arranging for attendance at competitions abroad, even where the organizer of the event in the other country actually pays for the cost of transporting the athlete to and from the event. Nonetheless, the athlete have been provided with a service by the national body which for all practical purposes has in all likelihood been heavily subsidized by the Sport Canada funding that's contributed to that national sport body.

So, there's a broad range of indirect

sources of support that an athlete could receive from their national body.

Q. Just so I am clear, from the athlete's points of view, dealing solely with the Federal Government penalties for steroid use let us say, the effect on an athlete might be that he or she would be unable to participate in national and international competitions because of the fact that the athlete would receive indirect funding from the Federal Government?

A. That is correct.

There is one very critical distinction that should be made, and that is that the government through this policy, the Drug Use and Doping Control in Sport Policy, does not have the capacity or the authority to actually withdraw, in a direct sense, the eligibility of an athlete to compete. Only sport bodies, either the single sport bodies within Canada or the international Sport Federations can in fact withdraw the eligibility of an athlete to compete in sanctioned competitions. That is the fundamental role of sport bodies. And single sport bodies nationally and internationally do it in respect of their own events. National and international organizations such as the Canadian Olympic Association or the International Olympic Committee may withdraw the eligibility of an athlete to compete in events under their

particular jurisdiction. The Pan American, Olympic Games in the case of the COA, the Olympics also in the case of the International Olympic Committee.

What the government can do, as you have
5 correctly indicated, is that by withdrawing any entitlement to funding, directly or indirectly, simply would make it extremely difficult for the majority of athletes, in fact, to be able to attend any of these events, even if it were a situation where the federal
10 penalty was still in place, but the penalty administered by the sport body, nationally or internationally, had in fact expired.

Now, there may still be however certain kinds of competitions where the only contribution that the
15 national sport body might make to the athlete's participation in the event is simply providing the international travel permit that is required as a condition of international competition in most sports, and maintaining the athlete as a member in good standing in
20 the particular sport body. If that is in fact all that the sport body is doing for the athlete, I think we would interpret that as a situation where there is so little and perhaps even no federal financial sport being provided to the athlete, that neither the athlete nor the sport body
25 would be acting in breach of our policy if an athlete

competed internationally in that circumstance.

However, if an athlete were involved in a representative Canadian team, which had been selected and prepared by the national sport body using, as I have indicated, at least indirectly federal financial support, then in that case if an athlete were selected to a national representative team, a dual-meet site, for example, representing Canada in that particular sport in an organized competition against another country, then we would regard the athlete and the sport body as acting in violation of the policy. And of course I am talking about situations where the federal policy, being a life time suspension of eligibility for federal funding, is still in place, but the national sport body or international federation policy has expired.

Q. Let us touch on those other sanctions, because this is rather a complex area. We talked about the Federal Government imposing financial sanctions. What other bodies impose sanctions on an athlete who is found in breach of anti-doping regulations?

A. Well, there are at least three, I suppose one could say four. The national sport organization to which the athlete is affiliated and of which he or she is a member, that organization in the first instance will withdraw the eligibility or

entitlement to compete of the athlete.

Q. Where is the power found for the national sport body to carry out that sanction?

A. The national sport body will do that in part under the authority that comes from their affiliation with the international federation, but they can in fact go further than the rules of the International Federation. So, if a Canadian sport body is affiliated to an international body that has, let's just say for the sake of argument, a two-year penalty, there is nothing preventing a Canadian sport body from imposing a longer penalty. It could not however impose a shorter penalty. So, there is the national sport body and the related international federation for that particular sport.

Q. And the duration that you refer to, using the example of two years, refers to the fact that the national sport body is withdrawing the eligibility of the athlete to compete in sanctioned meets for that duration?

A. That's correct.

And it simply means for all practical purposes that the athlete cannot compete in that time period anywhere.

Q. As between various national sport bodies, are there sanctions, are the duration of their

sanctions consistent for steroid infractions, let us say?

A. No, they are not.

THE COMMISSIONER: I am sorry, I didn't hear the question, I was reading something.

5

MS. CHOWN:

Q. As between various national sport bodies, do they all impose the same length of sanction for steroid use?

10

A. No, they do not.

There are some sport bodies in Canada which have said that they intend to impose a lifetime penalty. Others have two years. Still others have discretionary penalties, in which case they simply make a judgment call on a case-by-case basis.

15

Q. Now, apart from the Federal Government, the national sport body, what other organizations impose sanctions as a result of the use of banned substances?

20

A. The organizations which we will refer to as the Games Franchise Holding Agencies, the Canadian Olympic Association and the Commonwealth Games Association of Canada, who are responsible, obviously, for the Pan American and Olympic Games in the case of the COA, and the Commonwealth Games in the case of the Commonwealth Games Association.

25

Q. Now, we will be hearing from representatives certainly of the Olympic Association, but very generally for us what is their ability to impose sanctions and what is the duration?

5 A. Well, they have the full authority to impose whatever sanction they wish for whatever duration they see fit. They can really only apply that sanction to events directly under their jurisdiction. So, they might, as in the case of the COA, choose to impose a penalty that
10 in effect withdraws the eligibility of an athlete to become a member of the Pan American, Olympic or Commonwealth Games teams. And in each case, they have a mechanism for reviewing infractions. And I think it's noteworthy that both organizations do state that they will
15 pass some judgment on an athlete's future eligibility to compete in their events, even if the infraction or perhaps particularly if the infraction occurs originally in an event not under the direct jurisdiction of that organization. So, the Canadian Olympic Association will
20 review the cases of athletes who have been found with positive test results that arise from training camps or other Canadian or international competitions.

Q. As a result of their review of let us a say a training camp infraction, they may impose a sanction
25 which would prevent an athlete from competing in the

Olympic games?

A. That's correct. And I think although the COA representative will speak to this, but the convention in the recent period has been for an athlete to be withdrawn by the Canadian Olympic Association for the remainder of the quadrennial period if they are found to have had a positive test result during the four-year period leading up to a Pan American or Olympic Games.

Q. Before we move on, are there any other comments that you wish to make on the revised 1985 anti-doping policy?

A. I think I would just draw attention under the section called Federal Government Plan of Action, Obligation of Athletes and National Sport Organizations to the ---

Q. Is that -- the pages aren't numbered.

A. It's on page 3 or what would be the third page of the text if the pages were numbered, Mr. Commissioner, paragraph 4.

THE COMMISSIONER: Thank you. I have it.

MS. CHOWN:

Q. And it simply states there that athletes in receipt of federal sport benefits, be those the direct or indirect benefits that we spoke of, are

required to make themselves available for both regularly scheduled doping controls, that is those that would occur in competition or at formal training camps, and for ad hoc random doping control test procedures as authorized by the national sport organization or the Sport Medicine Council of Canada. And this paragraph has been added in its entirety to this particular version of the policy.

The other noteworthy item is that under the title Position Statement to keep the policy contemporary with current developments in the area of doping that had arisen between 1983 and 1985, certain practices had been classified as in effect doping. And they were noted. And so the policy reads: "In addition, Sport Canada is opposed to any illegal and/or unethical physiological manipulation --"

THE COMMISSIONER: Where are you reading from now, please?

MS. CHOWN: It's page 2 of the text, under the heading, "Position Statement", in the last sentence of the second paragraph.

THE COMMISSIONER: Yes. "In addition", that is where you are starting?

THE WITNESS: Yes, that's correct, sir.

MS. CHOWN:

Q. And the new practices that were added were blood doping, soda loading, beta blockers, and diuretics?

A. That's correct.

5 Q. Some of those are drugs rather than practices ---

A. Practices, that's right.

Q. -- employed for the purpose of performance enhancement?

10 A. Yes. And the only other thing I suppose worth noting is that in the introduction to the actual policy, the progress on implementing the original program was briefly summarized. And there was a note specifically of the role of the Sport Medicine Council and
15 its Advisory Committee as having been a key organization up to that time, and ever since, but noted up to that time in the implementation of the Canadian program.

Q. Now, I believe I cut you off a bit earlier when we were talking about which bodies may oppose sanctions. Now, we covered all the bodies when we referred to the Federal Government, the national sport organizations and the games franchise holders or other, indeed, other bodies that may impose sanctions?

A. I think in terms of the organized sport community, I think that that's it. So, it's the national and international single sport bodies, the national and international games related organizations and governments.

MS. CHOWN: Now, Mr. Commissioner, if we can return to Exhibit 32 which is the outline of the various significant events and the development of anti-doping in Canada, we have really completed...

THE COMMISSIONER: What Exhibit number is the updated one?

MS. CHOWN: 37, Mr. Commissioner.

THE COMMISSIONER: Thank you.

MS. CHOWN:

Q. We have really completed up to the end of 1985 and can I just ask you to identify the numbers of athletes who tested positively for steroids in 1985?

A. In 1985, there were six athletes with positive test results. Four in weightlifting, one in

track and field and one in swimming.

THE COMMISSIONER: Under what circumstances were those?

THE WITNESS: The circumstances were....

5 THE COMMISSIONER: In competition?

THE WITNESS: It was a combination of training camp and competition testing.

MS. CHOWN:

10 Q. Now if we can turn to page 3 of Exhibit 32? I believe there's one correction to be made at the top of that page.

The first item referring to arbitration procedures being created to permit a further level of
15 appeal for athletes charged with doping infractions, in fact, that occurred in 1985?

A. Yes, it did. It was published at the end of 1985.

20 Q. Going then to 1986, you have mentioned that the national support organizations continued to develop and implement their individual anti-doping plans?

A. Yes.

25 Q. Can you give us any information on the number of national sport organizations that had plans in place?

A. Yes, I can. And I think it's worth commenting that we requested, in 1984, in the period leading up to the Los Angeles Olympics, plans from the national sport bodies that had really primarily to do with testing of athletes prior to the Los Angeles Games.

After the Los Angeles Olympics, we proceeded with the national sport bodies to a much more comprehensive planning process where we asked the national sport bodies to develop their policies, including penalties for doping and appeal, doping infractions, appeal processes and so on.

We asked them to develop education and communication plans about the dangers of doping, the rules regarding doping and sport and so on.

We asked them to develop testing programs and gave them some guidance as to the degree to which we thought their sport was conceivably at risk, as regards doping, and we asked them to develop plans related to what we called the International Lobbying Campaign, particularly in the case of those sports where the International Federation policies were regarded as quite weak.

Not every sport resubmitted an entirely new plan in every year, simply because, in some cases, the plan that was submitted, the previous year, was regarded as

one whose goal of sport which they should continue to work.

But just in approximate terms, in 1984, there were 14 plans.

5 Q. Again, just so we can put in this perspective, we talk about 60, 61 single sports?

A. Sixty organizations with which we work. And, at this particular time, since it was our major focus, at this time period, I believe there were 36 or 37
10 Olympic sports and for the purposes of the anti-doping campaign, those sports were in fact our primary interest.

So there were 14 plans in 1984/85 -- we get them in fiscal years. In 1985/86, there were 20 plans; in 1986/87, 23; in 1987/88, 21. And in 1988/89 there were 17
15 plans.

THE COMMISSIONER: Are those accumulative?

THE WITNESS: No, they're not. There are a number of sports who are resubmitting -- I think it would be -- I would have provide you with the exact statistics
20 but I would say that in the range of 30 to 35 sports submitted detailed plans at some point or another in the last four years and that that plan was the basis for our involvement in Sport Medicine Council's involvement with that sport and the implementation of an anti-doping
25 program.

I think, to explain in part, the gap between 30 or 35 and 60 sports, that's the total numbers, you know that we deal with, quite a large number of those are either very small sport or sports which would be almost
5 universally regard as having little or no threat of doping in that sport, in which case all that the sport would have been asked to do was to make sure that the policy was circulated, the Sport Canada policy at least, so individuals in the sport would be aware that there is a
10 national policy.

I haven't called that a plan but it would have been an activity in our view that would have been satisfactory for that particular sport.

Q. Was Sport Canada satisfied that all the
15 sports that it had identified as high risk for doping had plans in place throughout this period?

A. I think generally satisfied. I don't think I would want to exaggerate and say that every single sport, where there might conceivably be a possibility of
20 doping, had a plan that was fully satisfactory, both in terms of the plan but, more importantly, its implementation, in every respect.

I think, for the most part, those sports that were regarded as the more difficult or more serious
25 cases were the ones where the bulk of our time and energy

and the Sport Medicine Council's time and energy was expended and that, in general, we would be satisfied with the developments in those particular sports.

As far as the plan is concerned, I'm
5 speaking of now.

Q. Yes, thank you. Turning then on Exhibit
32 to the year 1987, the first item you've noted, which we
will hear more from representatives of the Canadian
Olympic Association, is the fact that in 1987 that
10 association issued its own policy on doping?

A. That's correct.

Q. And the second item which is of some
significance in 1987 is that the Canadian Weightlifting
Federation began out-of-competition testing on a short
15 notice basis?

A. That's correct. And in so doing, they
became the first Canadian sport body to undertake a
testing program on a short notice basis.

Q. I think it might be appropriate now to
20 attempt to clarify our terminology because we have heard
of out-of-competition testing, we've heard reference to
training camp testing and so on.

First of all, please identify for us the
venues in which testing can take place?

25 A. Well, I'll try to be clear on this but

I have to concede there is a plethora of terminology and vocabulary here. But, in effect, we're really asking on what occasion does testing take place?

It can take place at competitions, it can
5 take place at organized training camps, or it can take place while an athlete is in their own home locale and that could be by soliciting a test or a sample to be given from an athlete while they're at their own home or while they're in their local training environment.

10 But, in effect, we have those three categories, at competitions and organized formal training camps or while the athlete is in their own home or personal locale.

THE COMMISSIONER: But the term
15 out-of-competition testing would include the training camp, would it not?

THE WITNESS: It would and that's why, Mr. Commissioner, it's a lit bit of a misnomer because out-of-competition may still mean that the testing is
20 occurring in an organized setting where an athlete has every reason to expect and to know that they will be tested.

THE COMMISSIONER: I understand that. But, my naivety, out-of-competition, I would say, is the event.

25 THE WITNESS: That's correct.

THE COMMISSIONER: The Olympics or the Pan American, national, I would call that the competition?

THE WITNESS: Yes.

THE COMMISSIONER: When a person is in
5 training, at the high performance centre, he's not actually in competition. But that's not your language?

THE WITNESS: I think the out-of-competition term is fine. I think that when we get to this second, if I may, the second characteristic of the testing which is,
10 is has there been any notice or not?

THE COMMISSIONER: I thought that would be a different subject matter, the question of notice or no notice is one matter, but where it takes place I thought would be different.

15 But, somehow when I read this material you sort of fuse these two issues together. Not you, but reading the material together.

THE WITNESS: Well, I do, too. I think that what we're trying to get at is a distinction between a
20 formal sports setting, such as a competition or an organized camp and an informal one.

THE COMMISSIONER: And somebody being at home and somebody knocking at the door?

THE WITNESS: That's correct.

25 THE COMMISSIONER: Yes.

MS. CHOWN:

Q. But the Commissioner is quite correct, is he not, to say that competition, that terms refers only to testing done at a meet or a competition?

5 A. That's right.

Q. Everything else, which in your definition includes a training camp and in one's home, is out-of-competition?

A. That's correct.

10 Q. The second feature of testing is the notice period?

A. Yes.

Q. And can you go through each of those occasions and tell us what kind of notice can be given for testing?

15 A. Yes. Well, at a competition I think one thing that we would describe as prevailing in that situation is that the fact of testing is announced, all athletes who enter the competition will likely have been apprised of the fact that there will be testing and not only that, they will be apprised of the method by which the athletes are to be selected.

20 It's usually some combination of designated positions; i.e., finish positions in the competition and some selection of athletes at random from the rest of the

25

field in each particular event or in certain events, as designated by the national sport body.

Q. Let me ---

A. That announced testing.

5 Q. Let me stop you there. When you say it's announced, does an athlete know before he or she comes to a meet whether it's going to be a tested meet?

A. In general they would know that. In fact, we urge the national sport bodies, in their
10 communication plan for testing, to list the competitions where testing will occur.

Q. Are there still major meets that are held at our -- that have no testing at them?

A. There may be. Certain International
15 Sport Federations will identify certain kinds of competitions as those where testing will occur.

So, for example, in track and field, certain Grand Prix or IAAF designated competitions, those which the IAAF specifically knows will have testing but there
20 can be other international events which that are staged under the auspices of a single national sport body which may involve international competitors where there may be no testing.

Q. All right. Now, the second occasion
25 for testing, you have called it an organized training

camp.

Just so we're clear on that terminology, that is where there as specific structure and a group of athletes that gather together at a particular place for a particular time period as opposed to perhaps one or two athletes going off to another locale to train themselves?

A. That's correct.

Q. What kind of notice is there for testing at a training camp?

A. Well, it's not absolutely precise. In general, the athletes will know that at such and such a training camp there will be testing. They may not find out until the day they arrive at the training camp on exactly which day the testing will occur and they may, it's possible, that they may not find out until the day before or even the day of the testing that there will be testing during that camp.

But I think many athletes would know that if they appear at an organized training camp that it's quite conceivable that there will be testing, even if they have not been apprised of the precise day on which the testing will occur.

Q. And is there any thought to putting into the training camp setting testing without prior notice?

A. Yes. Not only has there been thought to do that but there have been some occasions when, in fact, there's been what we call either short notice or no notice, unannounced testing, has occurred on a couple of occasions at training camps.

But generally speaking, the athletes would have had notice before most Canadian testing at training camps.

THE COMMISSIONER: Well, at paragraph four of Exhibit 37, which you've already referred to?

THE WITNESS: Yes, sir.

THE COMMISSIONER: There's an obligation on the part of the athletes who are in receipt of federal benefits to make themselves available for regularly scheduled and ad hoc random doping control tests which would include all three I guess?

THE WITNESS: Yes, it would.

THE COMMISSIONER: But proceed as authorized by their National Sport Organization or the Sport Medicine Council of Canada, of course we're going to hear from them later, but has Sport Medicine Council of Canada moved into this field themselves yet?

THE WITNESS: Well, I think we only ---

THE COMMISSIONER: It could be authorized by the National Sport Organization or by the Sport Medicine

Council of Canada?

THE WITNESS: Yes. It part, the reason that there was a particular mention of the Sport Medicine Council, in that particular paragraph, is that from
5 time-to-time, a sample from a doping control test would arrive at the laboratory for analysis and the condition of the sample would be such that the sample could not be analyzed.

THE COMMISSIONER: I see.

10 THE WITNESS: And because the reports on the conditions of the sample would go to the Sport Medicine Council, it might be the Sport Medicine Council then who would immediately signal that another test should be performed immediately.

15 THE COMMISSIONER: That's the procedure for taking the test, is that what you're saying?

THE WITNESS: That is correct. So, the purpose of including that was, just in case there was a situation where -- well, without impuding ill motive
20 here -- but let's just say, for the sake of argument, there was some belief that perhaps the original sample had been sabotaged in some way, that immediately the Sport Medicine Council could ask that a test be done on that same athlete without the test having to be authorized by
25 the national sport body on the possibility, and I am

speaking hypothetically here, but on the possibility that the sport body itself might have been involved in any sabotage or even inadvertent contamination of the sample between the time it was taken and the time it arrived at the laboratory.

THE COMMISSIONER: Is this clause required to be in the contract? We've heard about the contract between the athlete and the Federation?

THE WITNESS: Yes, it is.

THE COMMISSIONER: That consent is there, is it.

THE WITNESS: That's right. This policy, on that same page, Mr. Commissioner, there is a requirement in paragraph 2 that national sport bodies have this sort of provision in their agreements with their athletes.

THE COMMISSIONER: I understand that. That would be an agreement not to engage in the use of drugs or banned practices, but does it also require -- does the contract also have the athletes' consent to be tested?

THE WITNESS: Yes, it does.

THE COMMISSIONER: Thank you.

MS. CHOWN:

Q. Coming back to training camps, you mentioned that there was some testing done in training

camps when the policy was first initiated in 1983. Was that testing done with some notice of the kind you've referred to generally?

5 A. Generally speaking, there would have been notice provided that there will be some testing occurring during the course of the camp.

Q. Between 1983/84 and 1987, when the Canadian weightlifters put in this out-of-competition short notice testing, how much of the testing would have
10 been done of athletes at training camp?

A. In the case of weightlifting, quite a lot and, indeed, in the case of some other sports as well, for various reasons. I can't give you a precise figure but I think it's fair to estimate that about 25 per cent
15 of the testing would have been done in training camps.

In part, because athletes in some sports simply do not compete in Canada with any degree of frequency and, therefore, if there was testing to be done on those athletes in Canada, it would have to be done in
20 training or it simply may be a sport where the frequency of competition is -- well, it's very irregular and, therefore, if you want to test athletes, you can't simply wait for the competitive events to arise. They're too infrequent. You must do testing at these training camps.

25 Q. Taking for example, track and field,

was there significant testing of athletes done in training camps with respect to track and field?

A. To my knowledge there was no testing of athletes done in training camp. The primary reason being, first of all, there are relatively few organized training camps in Canada anyway but, more importantly, the competition season in track and field is quite long.

There is a two to three month indoor season and then there's a four to five month outdoor season.

And so the 59 athletes, it was believed, would be generally available for testing, if in fact testing was organized in competition situations rather than in competitions and at training camps. I think we have a different view of that matter now and have had for last year or so. But for most of the period we are speaking of, the testing in track and field did occur only at competitions.

Q. Just following up on your comment that your view has changed especially with respect to the track and field athletes, would it be fair to say that the Federal Government now feels that it is not totally reasonable, if I can put it that way, to rely solely on in-competition testing for track and field athletes?

A. I think that's a reasonable statement. I think that as it became known that the residual presence of some of these banned substances in an athlete's system was relatively shortlived, such that let's say for the sake of argument a test in January during the first indoor competition of the season would not detect the use of a banned substance in the training period September through December. That it was essential to extend the program from testing only at competition to testing at competition and at training camps. It certainly is not our view, however, that testing at competition is of no use

whatsoever. Quite the contrary.

I think our view now is that there needs to be testing in all three environments: at competition, at organized training camps, and in the athlete's own home training and living locale.

Q. We are going to come to that, but just following up on your comment, am I correct in understanding that you believe in-competition testing is still important in certain specific situations and one of those would be for certain kinds of substances that are traditionally taken by athletes immediate prior to competing. These would be stimulants?

A. That's correct. I don't know that I would use the word traditionally to describe the situation but their use is strictly is on the -- their benefit is strictly on the day of competition. And then one must test therefore to detect the use of those kinds of substances.

I think it's also fair to say that given that athletes and those who wish to counsel athletes to use banned substances also believe that these substances clear the athlete's system in relatively short order. We also know now that those substances which were formerly used only during the training period, the many months of training period when there was no competition,

may in fact now be used during those brief interludes of training that occur during a competition season. And that it is the matter of self-administration or administration by others of some of these banned substances may occur

5 during the competitive season where the athlete or other individual has the expectation that the substance will have cleared by the time the competition occurs. And that's become a science of its own, and that there is a possibility the drugs that were thought only to be used

10 during training periods will in fact now be used during the competition season. And that, in our view, also continues to make at-competition testing important as a way of detecting the use of substances that are not just those that one would take on the day of competition such

15 as a stimulant or drug of that nature.

So, we will as I say maintain the case that testing at competition remains a key dimension of a doping control program, but not exclusive testing at competition as has been stated already.

20 Q. I don't believe you have had a chance to comment on the third occasion in which you now envisage much more testing taking place, you refer to the athlete in his or her own locale.

A. Yes.

25 Q. Just give an example of that and the

kind of notice you anticipate would or would not be given?

A. Well, currently in Canada, and using the weightlifting program as an example, notice is given to the athlete such that the individual athlete must appear
5 for testing within 48 hours. And in the track and field program, which is also just recently commenced, the same provision in terms of notice applies.

It is our view that while we remain concerned, and I assume that there will be testimony from
10 experts on this particular point, we remain concerned that even 48 hours notice may permit an athlete to undertake some measure which would prevent their being detected should they have been using banned substances.

So, there is discussion now about both
15 short-notice testing, 48 hours, something of that order, or of completely unannounced testing, no-notice testing, where a marshall would go to an athlete's house, and ask that athlete to come with them to go to another venue for tests to be administered, or where someone might appear at
20 a training center or a club, or what have you, and ask the athlete to produce a sample virtually on the spot.

Q. You mentioned that the Canadian Track and Field Association has recently put into place its own Mary program for out-of-competition, short-notice testing.
25 Just so we are clear, prior to the Seoul Olympics in 1988,

other than the weightlifters, was there any other national sport body that had in place a testing of an athlete in his or her own locale?

A. No. There were policies and procedures that the Canadian Track and Field Association had been working on for some time; by some time, I mean over the preceding year, but there was -- there were no tests that had actually been undertaken up to the time when the team, the Canadian team, departed for the Seoul games.

THE COMMISSIONER: What about other jurisdictions? We heard of Norway doing this. I think Mr. Makosky mentioned this.

THE WITNESS: Yes. And I think maybe the example I am somewhat more familiar with would be of Sweden.

THE COMMISSIONER: Maybe Sweden.

THE WITNESS: Yes, where 85 percent of the doping controls administered in that country, Mr. Commissioner, actually occur out of competition and they are undertaken by what are euphemistically called their flying squads by which they mean there is no notice. The squad of individuals who administer the test appear I think for most part at training locales rather than at individual athlete's houses. And they simply appear, and have a list of those athletes that they intend to test,

and they administer the doping control without the athlete leaving the presence of one of members of the testing squad.

THE COMMISSIONER: What about some place
5 like Great Britain or West Germany?

THE WITNESS: It's somewhat difficult to determine exactly what is going on in some countries. We have been led to believe from time to time that there is no-notice testing going on or very short-notice testing
10 going on in other countries.

When we have investigated, it appears that the notice is quite similar to that which applies in our Canadian weightlifting situation where there is 48 hours or possibly even more notice given to the athletes, or
15 where in the case say of a training center situation where someone directly connected with that sport is apprised that testing will occur. And that opens up the possibility that that individual may in turn apprise the athletes that testing is about to take place. And who
20 knows what might follow that kind of notice, but my impression would be that the Swedish example is the most comprehensive in that regard.

THE COMMISSIONER: I notice and I haven't got the Exhibit here, the proposed agreement between the
25 United States and Russia on sort of cross testing?

THE WITNESS: Yes.

THE COMMISSIONER: It doesn't specify the nature of the when those tests will be undertaken or whether they are in-competition or out of competition I don't think?

5

THE WITNESS: I don't believe so either, and I think the feeling that many would have about that agreement is that it's very worthy initial step, but to have full effect it must accommodate cross testing without notice to be truly effective.

10

THE COMMISSIONER: And out-of-competition, as well?

THE WITNESS: Absolutely. Outside competition and without notice. I don't think anyone today would argue the case that competition testing alone or short-notice testing alone will do the job. I think the feeling is unless the scientific experts can provide indications that an athlete cannot, in fact, do anything to manipulate the integrity of the sample they might give if they only have 48 hours within which to provide it, unless the scientific experts can convince us of that, I think the feeling is that no-notice testing must also be part of a comprehensive testing program.

15

20

MS. CHOWN:

25

Q. There is only one other matter I want

to touch on in 1987 that I know ---

THE COMMISSIONER: Excuse me, I may have missed it. I go back to 1986 and I see three athletes in track and field, one weightlifting proved positive for
5 steroids under -- what were the circumstances there, I don't know whether you have told me?

THE WITNESS: The three track and field athletes were tested positive at a competition, at the national championships and final trials, just prior to the
10 1986 Commonwealth Games, and the weightlifting athlete, I believe, was tested at a training camp, but I would have to confirm that.

THE COMMISSIONER: Thank you.

THE WITNESS: But the three in track and
15 field, for sure, were at a competition situation.

MS. CHOWN:

Q. And in 1987, I note that no Canadian athlete tested positively for steroids?

20 A. Yes, that's correct. Just to properly embellish that line on this exhibit, it should say no Canadian athlete tested positive for steroids. There was one minor violation for a stimulant.

Q. All right. Turning then to 1988, I
25 understand one of the most significant things that took

place in 1988 was the initiation of a system for training what you have referred to as certified doping control officers. Can you explain what they are and how this came about?

5 A. Well, certified doping control officers are simply individuals who are responsible on site where testing is to occur. They are responsible to actually manage the doping control station and to manage the processes related to the taking of the samples.

10 Up to the time when this program was put in place, as I think I mentioned on Friday afternoon, it had been our belief that much of the operational work related to doping controls should in fact be undertaken by each individual national sport organization and officials
15 it designates for such a purpose, and there had been various guides and manuals and procedures, aids, and what have you that were intended to train these people to undertake that task. As time went on, however, it became quite apparent for some good reasons and I suppose some
20 not so good reasons, that many national sport bodies simply were not capable of fully and properly managing what is on the one hand a relatively straight forward process, that is the actual taking of samples at a competition or training situation, but on the other hand,
25 a process which is absolutely critical to the integrity of

the entire doping control program, that is ensuring the security, and ensure the custody of the actual sample that is taken from an athlete. And therefore any glitch that may occur in the administration of the process, any perception that something has happened during the taking of that sample, as regards the identification of the bottles, the proper sealing of them, the proper containing of them in the packages that are provided, the proper packaging of them for transportation to the laboratory and so on. Any breach whatsoever in any of those procedures gives an athlete reasonably enough grounds to believe that there is something less than a fully adequate process that's been put in place.

And it was the view, therefore, of a number of individuals and ultimately the Sport Medicine Council Advisory Committee, that we needed to move to a system of independent doping control officers, individuals who in most cases, but not in all, but in many cases had a medical background, individuals who did not have a direct connection necessarily with any particular sport, and individuals who had enough medical knowledge so that some aspects of the doping control process that have a medical dimension, the securing for example from the athlete of a list of medications that he or she may have taken immediately prior to the testing. The idea is to make

sure that properly-trained, independent individuals would undertake this process and maintain a high level of integrity in the doping control procedures. And this program was put in place last spring. And there are now
5 90 some odd trained officers who are able to be deployed across the country where doping controls are scheduled.

Q. And are you far enough into the program using the certified doping control officers to note whether there is an improvement in the taking and
10 identification and transportation of the samples?

A. Well, put it this way, we know that there have continued to be problems, it's been cases where the certified -- we have not been able to deploy a certified doping control officer by and large. So, that
15 for the most part, where there are doping control officers, the test procedure is being undertaken quite satisfactorily.

I think the other thing worth noting is that because some of these individuals have been better
20 trained and are more sensitive to the issues of proper procedure, both from a medical-scientific standpoint as well from a pure procedural one, these individuals have identified still further potential problems in the process. And they will be very helpful in the continuing
25 modification and refining of the actual process.

Q. All right. And again, under 1988 in Exhibit 32, there is mention of the hosting of the first permanent world conference on anti-doping, and we have had heard about that from Mr. Makosky. The number of
5 Canadians who tested positively for steroids in 1988, I understand, to be four in weightlifting and one in track and field?

A. That's correct.

Q. You have also mentioned there that in
10 1988 it was time to begin an evaluation of the anti-doping programs as they had been set out by individual sport bodies. What was involved in that process?

A. The process is really just beginning now as part of the normal appraisal and assessment of
15 programs that would occur at the end of each quadrennial period. And the evaluation really covers all elements of the national program in Canada, including the policy itself; the testing programs, of course; the international lobbying campaign, both on sport specific basis and in
20 its, you know, multi-lateral dimensions that Mr. Makosky spoke of; and virtually all aspects of the administration and management and financing of the program.

As well, given that the initial contract with the laboratory which conducts the analysis,
25 the INRS-Sante, is about to expire, there is some review

as well of that contractual arrangement and the nature of future contracts that we might have with laboratories, particularly given that there are now two international Olympic Committee accredited laboratories in Canada. So, I think it's fair to say that the evaluation will really cover the entire scope of the program and its impact in Canada to this point.

Q. Now, I understand as well in the fall of 1988, the Minister of State for Fitness and Amateur Sport, the Honourable Jean Charest, received a letter dated September 7, 1988, from Dr. Andrew Pipe.

Mr. Commissioner, I believe that letter is on your desk.

THE COMMISSIONER: Thank you.

MS. CHOWN: I might just read the letter out, it is not lengthy, and we will be hearing from Dr. Pipe about the letter, but I am going to ask you for your comments as well.

That letter is dated September 7, and starts:

"Dear Minister: I am sorry that we have not had time..."

THE COMMISSIONER: I am sorry, I see it dated here September 14, is that the date of receipt?

MS. CHOWN:

Q. The date of receipt. The top lefthand corner is the date it was written.

"Dear Minister: I am sorry that we have not had time to meet since our brief encounter at the airport a few weeks ago.

"I do want to write to express, in the first instance, my congratulations to you for the success of the First International Conference on Anti-Doping in Sport. The conference was an unqualified success and to you and your Ministry must go much credit.

"I wish in addition, in my capacity as Chairman of the National Advisory Committee on Drug Abuse in Amateur Sport, to raise with you the question of expanded support of this committee's activity.

"As you are undoubtedly aware, the development and implementation of state-of-the-art drug testing procedures is an expensive undertaking. It is a process that in my view is well

worth the effort and the expense. We should be proud of what we have managed to accomplish in Canada in the few years since 1984 when we began our national drug control program.

"Notwithstanding our successes to this point, I have very real concerns about the degree to which current procedures may permit athletes to abuse drugs, particularly anabolic steroids, and still escape detection.

"You will appreciate that testing carried out in association with competitions or training camps does allow 'windows of opportunity' for the abuse of anabolics.

"Secondly, I am concerned about the degree to which continued allegations of undetected drug use by athletes undermine the integrity of our drug-testing programme in particular, and of course sports in general.

"Needless to say, the recommendations of the First International Conference on Anti-Doping

in Sport that all nations should proceed to develop testing where possible on a 'without prior warning' basis would, if implemented, answer my concerns.

"If Canada is to maintain its position of leadership in the area of drug control in sport, it seems that we must be prepared to embark on an expanded range of drug-testing activities. Specifically, the development of programs of 'without prior warning' testing. Such an expansion of activities would, of course, involve increased costs. Costs which the government of Canada, through Sport Canada, might reasonably be expected to bear.

"I would wish, therefore, at the earliest convenience, to discuss these issues with you further. Perhaps while we are in Seoul we might have an opportunity to meet briefly, otherwise I look forward to meeting with you on my return to Canada.

"Thank you for your consideration
of these matters. I look forward to
discussing them further with you."

The letter is signed Andrew Pipe, M.D.,
5 Chairman, National Advisory Committee on Drug Abuse in
Amateur Sport.

And just so we are clear, there is a date stamp
on the top right-hand corner of this indicating September
14th. Am I correct at indicating to the Commissioner that
10 that was the date this letter was received in the
Minister's office?

A. Actually, I don't know precisely when
is received in the Minister's office. I would guess it
was the same date. This is actually a date stamp for its
15 receipt in Fitness and Amateur Sport, one floor below my
office.

THE COMMISSIONER: That's date it seems to
be referred to you

THE WITNESS: Yes.

20 And I noted that my carbon copy of the
letter ---

MS. CHOWN:

Q. You are indicating on page 2 as
25 receiving a carbon copy of the letter?

A. Yes.

Q. When did you first see this letter,
Miss Hoffman?

A. I saw the letter on my return from
5 Seoul. I left on the -- I think it was September 14th
was a Monday or Tuesday, I am not sure which; in any
event, I left for Seoul on the weekend previous. So, I
saw the letter when I returned from the Seoul Olympics on
October the 3rd approximately. But while I was in Seoul,
10 Dr. Pipe mentioned that in fact the letter had been sent
to -- this letter had been sent to the Minister and to my
office.

Q. When you read it on your return from
Seoul, did you understand the letter to be in relation to
15 any particular individual athlete or any particular sport?

A. I didn't put any interpretation of that
sort on the letter at all. In fact, I think it is
probably fair to say that a number of the items that are
raised in the letter while they certainly are, if
20 anything, increased in importance and significance by the
events that occurred in Seoul, they were nonetheless
topics that had been under discussion for some time in the
form of the Sport Medicine Council Advisory Committee on
which I and another Sport Canada staff member of the
25 doping program manager, Mr. Sorensen sit, and that these

were increasingly some of the kinds of topics that we were discussing. And I think they all fall under the heading of were we doing enough of the right thing to really have the impact that was required on addressing the doping
5 problem in Canadian sport.

And so the comments concerning the financing of the anti-doping program, the need for no-notice testing programs, and so on, these were the kinds of things that were under discussion at that
10 committee table. And they were the things that we had discussed on a less formal basis in the months leading up to the Seoul games, but I don't believe we ever discussed them in the context of this athlete or that athlete or this sport or any other particular situation.

15 Q. And would it be it be fair to say that when you returned to Canada and had a chance to review this letter, your response to it was somewhat overtaken by the events in Seoul?

A. I think so.

20 As I said, if anything, the kinds of things that are suggested or proposed in advance here are precisely the things that we knew we had to move ahead with very quickly.

MS. CHOWN: Mr. Commissioner, might that
25 letter be Exhibit 38, please?

THE COMMISSIONER: Thank you.

--- EXHIBIT NO. 38: Letter dated September 7, 1988 to the
Honourable Jean Charest from Andrew
Pipe, M.D.

MS. CHOWN:

Q. And finally, on page 3 of Exhibit 32,
you refer at the bottom to some federal-provincial action
that has been taken in 1988 with respect to anti-doping.
Would you comment on that, please?

A. Yes.

At the meeting, the annual meeting of
Ministers of Sport at the federal and provincial level,
which took place in late October, early November, the
Ministers agreed that there needed to be some joint action
on the doping problem simply because -- well, obviously
because of the elevated profile of the whole issue in view
of the events of Seoul, but also because for the most part
the programs that were being put in place nationally
really only directly affected national athletes. We had
some programs that had an influence, either education
programs or the testing program that happened at the
Canada games with younger athletes, for example, but for
the most part provinces were doing relatively little by

way of education and no testing, that we are aware of,
with athletes lower down in the system. So, we considered
this -- well, potentially a very onerous task to
undertake, a welcome initiative, and things are developing
5 now towards some sort of the joint programing with the
provinces.

Q. Thank you.

And finally we have referred throughout
Exhibit 32 to athletes at various points testing
10 positively. You have gathered together for us in one
chart a list of athletes who have tested positively for
steroids and other banned substances since 1983.

A. That's correct.

MS. CHOWN: Mr. Commissioner, you should
15 have that chart before you.

THE COMMISSIONER: I have it, thank you.

MS. CHOWN: Might that now be Exhibit 39.

THE REGISTRAR: Exhibit 39.

20 --- EXHIBIT NO. 39: Chart entitled "History of Canadian
Doping Infractions"

MS. CHOWN:

Q. And if my mathematics are correct,
25 there appear to be 20 athletes on this list, 13 found on

page one, who were weightlifters?

A. That's correct.

Q. On page 2, six athletes who were track and field athletes. And the last athlete is a swimmer?

5 A. That's correct. And there were, of course, the two athletes prior to 1983, the 1975 Pan-American games case, and the 1981 World Cup in Athletics. So it would add, if this were a list including the period prior to 1983, it would add two in athletics
10 bringing the total to two.

Q. Just so we are clear on the meaning of the chart, across the top you have got the name of athlete, the member, the notation of which sport body he or she is a member of?

15 A. Right.

Q. The month and the year in which there was a positive test. And the next column says: "NSO Sanction Duration." That indicates the length of the sanction imposed by the particular sport body?

20 A. Correct.

Q. And next column is: "FAS Sanction Duration," and that is the same thing, that's the penalty imposed by the Federal Government?

A. Correct.

25 Q. Can you explain for us why the first

two athletes listed on this list, there is no FAS sanction noted?

A. Yes, simply because in 1983, the infractions occurred at the Pan-American games, and that predated the Sport Canada policy. So, we had no policy under which to apply any penalty and none therefore was applied.

Q. And the last column simply indicates the period during which these individual athletes received funding through the Athletes Assistance Program of Sport Canada?

A. That's correct.

Q. Thank you. Mr. Armstrong has brought a good point to my attention that two athletes that you referred to prior to the institution of the Federal Government, policy you indicated were in athletics?

A. Yes.

Q. And that, I gather, is another way of commenting that they were in track and field?

A. That's correct. I am sorry.

MR. COMMISSIONER: I am sorry. That was in 1983?

THE WITNESS: One in 1981 and one in 1975.

MS. CHOWN:

Q. Just for clarity, for anyone else
looking at Exhibit 39, there are some asterisks to the
right-hand side of the FAS sanction for six athletes on
the front page.

Am I correct in understanding there was
originally some other notes on this charts that these
referred to, but they have no special significance on the
form of chart?

A. No, they don't. The information
remains quite accurate. The asterisk simply refers to the
fact that those were infractions that occurred during the
period of the first Sport Canada policy, during which time
the infraction -- the duration of the penalty for steroid-
related infractions was one year or longer if the national
sport organization or international federation imposed
a longer penalty. And the reason, therefore, that the FAS
sanction duration is precisely the same in each case as
the national sport organization, is that the national
sport body did in fact impose a longer penalty than our
policy at that time required.

A. And inasmuch as we said we impose a penalty for the minimum of one year or the same duration as the sport body, whichever is the longer, the Sport Canada policy penalties or the Sport Canada penalty rather simply reflects that fact.

Q. All right. And underneath those athletes with the asterisk, then the penalties for some of them are indicated to be life?

A. That's correct.

Q. And that reflects the change in the policy that came into effect in 1985?

A. That's correct.

Q. Thank you. I wonder if you could comment now for us, briefly, what role you see the individual national sport organizations having in the future with respect to anti-doping programs?

A. I think it's quite clear in our mind that the sport bodies remain as a very key organization in the anti-doping campaign and there are a great many things that only they can do.

Only the sport bodies can set policies for their own sport.

Only the individual sport bodies can lobby effectively directly through to their own International Federation. They may not be the only agencies to

undertake educational and information campaigns with their athlete population but they certainly are a key organization that should be doing that since their networks ultimately reach out into the thousands and thousands of participants in their particular sport.

Our concerns, however, with the sport bodies have been, as I mentioned earlier when we were discussing the certified doping control officers, our concerns have been on the capacity and perhaps motivation, in some cases, of individual sport bodies to, on the one hand, properly administer the doping controls program, and (b), go through the often very protracted and difficult process of securing approvals from within that sport for testing programs that are sufficiently rigorous that they will in effect have a strong deterrent impact.

When we were speaking earlier about various characteristics and dimensions of the testing process, one of the things we didn't really address was the frequency of testing.

So that in addition to testing in these various venues and testing that occurs with or without notice, the testing has to happen often enough, each athlete has to feel some pressure of relative frequency of the occasion on which they will be asked to participate in a test if, in fact, some deterrent effect is to be

realized.

Designing such a program, when we're speaking of a sport body that has many, many programs to conduct, when it has great concerns about the relative competitive advantage of athletes from other countries, not because of doping, but because of stronger sport programs and when, therefore, the sport body has, in the first instance, a primary commitment to bettering the programs of preparation that it offers to its athletes, it becomes quite an onerous task for the sport body to expend the time and energy and finances that may be necessary to design and then implement a fully effective program.

So, we will continue to urge the sport bodies to do that, to design proper programs and we will continue to work with them to make sure it happens.

But, what we are endeavoring to do now is to relieve some of the operational burden, not all of it, but some of it through such programs as the certified doping control officer.

Q. We've also touched at various points through your testimony on the out-of-competition short notice testing. Mr. Makosky certainly dealt with the international plans for that.

What are the present plans that Sport Canada has to develop out-of-competition short notice testing

within Canada?

A. Well, we think we have to move quite quickly in support of the Canadian Track and Field Association with the implementation of their short notice program. I think it's fair to say that we would want to move ahead fairly quickly with a few other sports, not necessarily a great many, but a few other sports with an out-of-competition short notice program.

Q. What are those sports?

A. I think they might be sports where it's alleged, at least internationally, that there may be the use of banned substances during training periods, sports such as canoeing or rowing or cross-country skiing or sports of that nature, other sports with a significant endurance and power endurance factor.

And we would want to move into some out-of-competition and short or no notice programs with those sports and I think it's fair to say to be fully effective in track and field and weightlifting, that more tests would need to be done, greater frequency of testing and, as I said earlier, unless we are convinced otherwise through expert scientific testimony, reduction of the notice to the absolute minimum, perhaps being no notice at all along the lines of the Swedish example that I cited earlier.

And I think our instinct would be to increase only relatively modestly the numbers of sports doing serious no notice out-of-competition testing and concentrate on being fully effective with those sports, where such testing occurs, rather than engaging many sports in perhaps an inadequately implemented process.

Q. I understand, at the present time, Sport Canada is giving some additional funding to both Canadian Weightlifting Federation and Canadian Track and Field Association to assist, as I understand it, with their doping program?

A. That's correct.

Q. And were those two sports chosen because of the focus that Sport Canada has placed on them in improving and strengthening their anti-doping activity?

A. Yes, that's correct. I think it's generally considered on a world-wide basis, that the two sports where doping is most in issue, are track and field and weightlifting, not to the exclusion of others, but that there certainly are serious problems in many countries.

We know, for example, there have been positives in track and field in the last three years in something like 28 country, athletes in 28 countries.

So, we're speaking of a fairly significant

problem on a world-wide basis. That's just in track and field. And we will continue to focus on those two for sure.

Q. How much extra money is being given to those two organizations?

A. Well, we're talking very modest amounts of money in the range of \$20,000 plus in each case and this is simply to assist with some supplemental staffing and basic day-to-day operational costs.

I mean, I think it's fair to say that one of the things that needs to be given consideration is whether when we move to greater frequency of testing and to no notice testing and so on, that there may well be, in those kinds of sports, some sort of full-time administration required.

Whether or not, that administration should rest within the sport body or whether it should be placed in some more independent organization is an entirely different topic.

Q. Thank you.

A. But it's that kind of proposal that's under consideration.

Q. And finally, I want to return with you to an exhibit that was entered earlier, Mr. Commissioner, it's Exhibit 25, the model for the National Anti-Doping

Program.

Mr. Makosky indicated to us that the first reference to this model occurred in the conference that was held in Ottawa in June of 1988.

5 THE COMMISSIONER: Excuse me. May have it, Mr. Registrar. Thank you.

MS. CHOWN:

10 Q. I stand than that you had an instrumental role, both at that conference and following it, in developing this model?

15 A. That's correct. It was agreed during the course of planning for the conference in Ottawa that while we certainly wanted to discuss international collaboration in the anti-doping campaign, that in effect, there wasn't any point having international collaboration among countries with inadequate programs in their own country and, therefore, national programs needed to be a focus of the conference as well.

20 So initially, Mr. Sorensen, the manager of the Sport Canada program, and I worked on an outline of the, what we came to call, a model - National Anti-Doping Program, and a paper was prepared and presented at the conference in Ottawa.

25 There were workshops held on the topic of

the model program. There was several hours of discussion on various aspects of the presentation and some very interesting input, refinements and, in some cases, opposing views were advanced during those workshops and it was agreed, toward the end of the conference, that a short summary of the model should be included as an annex to the International Olympic Anti-Doping Charter.

And for those who may remember Exhibit 21, there is a three page description as an annex to the charter.

This longer version was prepared, this Exhibit 25, was prepared in this past fall for a couple of reasons. The main one being that it was felt that it would be useful for the IOC, or whomever, it doesn't really matter, but I suppose preferably the IOC, to produce the longer version, the more embellished version of the model National Program Description and make it available to countries that have programs currently for evaluation and assessment purposes to match this proposed model against their existing program.

It was also felt that this descriptive model would be useful for countries that hadn't yet started a anti-doping program as some guidance as to the major program elements and mechanisms that would need to be in place.

So, this has been prepared for circulation to the international working group which also may be recalled as something under discussion arising from the conference in Ottawa and that group will be reviewing this paper and, after further refinement and amendment, hopefully it will be published and put into general circulation.

I think it's worth pointing out that the term 'model' in the title of this document can't be under scored enough.

There is no country in the world that has a program that covers in every single aspect all of the kinds of elements that are described in this description of sort of a perfect working order model for a national anti-doping program.

We don't have it in Canada and neither does any other country in the world, to this point. But it's a standard to which I think we would all aspire.

Q. Would you review for us what you consider to be the highlights of this document?

A. Yes, I can do that quickly and, Mr. Commissioner, I'll just do so by referring to each section by number. That is the elements of which there are eleven all together but the first element, the national anti-doping policy; we certainly have one.

We have the government policy. I think that, at the same time, it's worth noticing that while there is a government policy which endeared to in general terms by the other constituent elements in the sport community, that's not the quite same thing as saying that it's a policy that has arisen from some collective discussion among all of the sport organizations that operate in Canada at the national level.

And that that may well be a step that might be taken if there are further refinements or revisions to the Canadian policy in the near future.

I think it's also worth noting that one of the things that this model calls for is for there to be a very clear statement of the roles of various organizations in the implementation of the anti-doping program within the country.

And that, too, while we -- I think it's fair to say, we've reached a certain level of understanding about who should do what, there are situations where it's possible to say that we simply can't identify who really has the responsibility, ultimately, to make sure such and such an element actually is satisfactorily undertaken.

For example, in the administration of the program that currently exists, sport bodies may request, at the beginning of the year, to do a certain number of

tests.

If, as the year goes by, for various reasons the apparently scheduled testing doesn't occur, it's not completely clear now whether it's Sport Canada or the Sport Medicine Council or just who it is who should be checking into that situation and making sure that the appropriate steps are taken to implement what the sport body said it was going to do in the first place.

So, those are some of the other kinds of things that might be undertaken if there was a more comprehensive sweep of sport organizations involved in the formulation of the policy but, more importantly, that there is a clear statement of just who was responsible for what within the Canadian program, as described in this model.

That relates very closely to the second point, having to do with national co-ordination of a program within a country.

And I think again, if one turns to page 3, there is a long list of particular tasks that a national co-ordinating agency could undertake. Many of these activities are, in fact, now in place, to a greater or lesser degree, through the mechanisms that we now have, the combined efforts of Sport Canada, the Sport Medicine Council and various kinds of sport bodies.

However, the second asterisked item on page 3, work leading to the harmonization and standardization of anti-doping activities within the country and that would include such things as harmonization and standardization of penalties, has not yet occurred and there is no single forum where such things as common penalties, consistent penalties from sport to sport can be discussed and as I mentioned earlier we have Canadian sport bodies with two year penalties, with life long penalties, with indeterminant penalties. And those are the kinds of things that in an ideal program should be resolved.

On page four, the third element, the Anti-Doping Experts Advisory Group; we do have such a group in effect. The Sport Medicine Council Advisory Committee, inasmuch as it's comprised in its official and ex-officio members of experts in the field of doping, there is a source of that kind of expert advice.

The mandate of that committee however does not cover items such as the third one on page 5 which, I think we would all regard as a very, very important one, and that is the review of circumstances surrounding positive test results to determine the range of individuals who may have been involved in that particular doping violation.

Q. Can I just stop you there? That, as I

understand it, is an attempt to get information on and follow up with not only the athlete who took the substance but those who may have supplied it to him or her or counselled him or her to take it?

5 A. That's correct. And perhaps even to trace the origins from a supply standpoint of the banned drug, whatever it may be.

 Q. All right.

 A. In item four, there is a recap of
10 elements that should exist within the programs of individual national sport federations and, again, I think while moving on to page six, it's fair to say that in general terms, these elements are in place in many of the national sport bodies.

15 I think that any of us would question, for example, the extent to which the fourth asterisked item, a full program of doping controls appropriate to the level, the perceived level of doping in that sport, occurring in the various kinds of testing modalities that we discussed
20 earlier; camps, competitions with notice, without notice, all that sort of thing, that is not yet fully up to the level where we would like it.

 And similarly, there is a reference here again to procedures for investigation of doping
25 infractions.

THE COMMISSIONER: Where is that now?

MS. CHOWN:

Q. That's the sixth asterisked item on
5 page 6?

A. And think it's fair to say that the two
organizations who have been most involved with doping
infractions know and, in fact, have instituted their own
investigative procedures but they are severely
10 handicapped.

THE COMMISSIONER: That's similar to what
you are talking about on page 5?

THE WITNESS: That's correct. This is just
simply at the level of each individual sport body. Of
15 course, what the sport body suffer under is insufficient
authority to require anyone to come forward or lack of
investigative capacity to really track down what may have
transpired in their particular sport.

So, I think the will is there but it's a
20 time consuming task that may extend beyond the existing
authorities of any single sport body.

Accredited laboratories, I think Canada is
fortunately in a very good position as far as laboratory
activity is concerned with the two accredited labs as I
25 mentioned earlier.

Item six is a further elaboration on page 8 of some of the issues related to the administration, the planning and administration and implementation of doping controls and I think that it's made quite clear in this section that the testing process must protect the security and the integrity of the samples, must protect the confidentiality of the athletes and a couple of items, one item in particular that we don't have in place in Canada, is a mechanism to test Canadian athletes who may be out of the country for prolonged periods for various reasons but, one reason in particular, being they maybe out of the country on an American scholarship or, through some other means, doing a significant amount of their training and we have no mechanism presently to ensure that those athletes are tested on a frequent basis and this model suggests that that particular mechanism should be in place.

THE COMMISSIONER: Will they be carded or government assisted while they are on American scholarships?

THE WITNESS: They are may be assisted. If they're on a U.S. university scholarship, they will only receive assistance from Sport Canada during the summer months.

But if they are simply living, for example, in California and training, they would, under certain

circumstances, continue to receive their assistance from Sport Canada as long as they're following the national team training program, generally.

So, they would be considered, Mr.

5 Commissioner, as part of the Canadian program while they're out of the country.

MS. CHOWN:

10 Q. In this particular aspect, the only country that has that in effect now is Sweden, is that correct, that does go and test its athletes in other countries?

15 A. Well, we believe so, but I think the Nordic countries, generally, take advantage of this program that was initiated by Norway and so --

Q. I'm sorry, Norway?

20 A. ---so that other Nordic countries, athletes resident in the United States would be tested when the same flying squad sets down in the USA which is where they generally go.

Q. All right?

25 A. Under due process mechanisms, I think we've referred already in the chronology to the advent of certain procedural protections within the Canadian program and we do have in place a number of the points that are

enumerated on page 10. Again the investigative dimension is raised here. I won't deal with that again.

There is reference, however, to two other points, that is the need for an appeal mechanism that is independent, that is above and beyond any of the sport bodies' own appeal mechanisms and while this may be extremely onerous in procedural terms, it may well be a protection that should be considered and implemented in Canada.

And secondly, there is a reference to the desirability, and this is quite a contentious matter, the desirability of appeal process which will permit a challenge to a doping control result on a scientific basis.

Right now when the lab says the B sample is positive, that is, by and large, regarded as a positive result. It's regarded that a doping infraction has occurred. The circumstances may be the subject of an appeal prior to the imposition of a penalty but the actual result itself can only be challenged in this country through the regular court system and that's not to say it wouldn't be challenged; there is a mechanism for it.

The question here is should there be a mechanism within the sport system for such a challenge.

Q. What you're trying to get at there is

the possibility of appealing whether there's been a lab error or the procedures used by the lab to determine a particular substance may not be the standard ones?

A. Yes. And perhaps even more significantly, the possibility that the definition or the classification of such and such a practice as doping may, in fact, be questionable.

So, for example, not to go back to the chart in any detail, but there was a Canadian Track and Field athlete who, a year and a half ago, was given a positive test result for a very small quantity of ephedrine.

THE COMMISSIONER: That's the birth control pill, was it?

THE WITNESS: No, this was a different one. This was a substance that appeared in -- appears in a cold remedy which she took. The quantitative analysis of that sample showed a very, very small amount of this banned substance.

Such a small amount that the Canadian opinion was that this quantity could not constitute doping. But in the case in question, and there have been others, it was reported as a positive test result.

Now, that individual athlete in fact, had no -- there wasn't really a mechanism that existed currently to challenge the positive result. The

circumstances could have been discussed.

THE COMMISSIONER: Well, the result might be positive in a sense but the effect of it may not have been?

5 THE WITNESS: That's correct, and it does raise the issue of how does one define doping in a situation where the dosage is so small that any impact in a performance enhancing sense would either be nil, negligible or even conceivably negative.

10 And these are issues which the scientific and medical experts in the doping area discuss endlessly because they are very complicated matters. But there is no need way right now to challenge that once a positive test result has been reported.

15 Moving on to page 11, there is a discussion of education programs and noted here particularly is the need to link the question of doping and doping education through the doping education programs to link the question of doping not only with the personal health side of the
20 issue, but also with the ethical and fair play notions that underpin competitive sport.

And while we have done a great deal in Canada in the education areas, certainly there are more initiatives that could occur in this area, particularly
25 with very, very young athletes who are not presently the

target of our educational programs.

Research, we have done research in this country through the INRS-Sante lab and on a couple of occasions through other universities and academics in the field but clearly, there is an ongoing requirement to do research on new detection methodology, new substances, new masking agents intended to avoid detection and so on.

Number 10 on page 12, I want to draw particular attention to because this is area where there has been relatively little work in Canada to this point.

THE COMMISSIONER: I asked Mr. Makosky about that and I gathered very little consideration has been given, as a matter of fact?

THE WITNESS: Yes, that's correct, and we were very much enlightened by a presentation at the conference in Ottawa in June by the Norwegian Minister who spoke at length about the classification and categorization of doping substances and collaboration with particularly those authorities having to do with customs and excise and import and the control of importation and similar authorities having to do with the possible networks for the distribution of doping substances within that country and on an international basis.

And we know that this is not an easy matter. The willingness and inclination of the civil authorities

to deal with this obviously has to deal with the way in which these drugs are classified. The lower they're classified, the less interest, obviously there would be, in seriously trying to deal with the supply side of the doping problem.

But, we think that's very important as we do collaborations with a variety of professional organizations related to the pharmaceuticals industry, for example, where those industries may be able to provide some considerable help to the whole doping area.

And again, I just underscore while there have been some contacts initiated in Canada, I don't want to suggest there's been none, there is certainly an area requiring considerably more work in the very near future.

And finally on page 13, number 11, our international activities as the sort of the culmination and logical outgrowth of a model national program and I won't dwell on those at all because Canada, clearly, has a very strong program in this area and Mr. Makosky spoke about it in detail last Thursday.

MS. CHOWN: Thank you, Miss Hoffman, those are my questions.

THE COMMISSIONER: We'll take our morning break.

--- Recess

--- Upon resuming.

THE COMMISSIONER: What happened to our
lights? All right. Well, somebody wants me to be in the
5 dark, I think.

Does anybody wish to question Miss
Hoffman?

MR. BOURQUE: Yes, Mr. Commissioner, I have
just a very few questions I would like to put to this
10 witness.

THE COMMISSIONER: Yes, Mr. Bourque.

--- CROSS-EXAMINATION BY MR. BOURQUE:

Q. Miss Hoffman, my name is Roger Bourque,
15 I represent the Canadian Track and Field Association.

I would like to make reference to the
Fitness and Amateur Sport Anti-doping Policy which was
formulated in December 1983. Mr. Makosky, in speaking to
this document -- I hope that wasn't me, Mr. Commissioner.

20 THE COMMISSIONER: Don't be so aggressive.

MR. BOURQUE:

Q. -- clearly started -- I was saying
that Mr. Makosky in his evidence, and I would refer
particularly to the transcript at page 234, line 5 states,
25 and I quote:

"It was our observation as well at that point in time that the sport community in Canada had failed to act as fully and as completely as we felt was appropriate to address the problem."

5

And that is in reference to the formulation of the anti-doping policy in December 1983.

Can you tell me, first of all, we have heard that there was 65 national sporting organizations in Canada in 1988. Were there a similar number in existence in December 1983?

10

A. Yes, approximately. Is my microphone working? The light is not shown. No sound, no light, something I said, Mr. Commissioner.

15

THE COMMISSIONER: Not yet.

THE WITNESS: Yes, there were. In fact, I think there were slightly more. It's immaterial, they were simply more of those organizations where there were gender specific organizations governing the same sport. But there have been 60 recognized sports for quite sometime.

20

MR. BOURQUE:

Q. All right. Mr. Makosky's statement, which is made in reference to these national sporting

25

organizations, may I ask you if you adopt it? Would you like me to read it again.

A. Yes, if you would, please.

Q. "It was our observation as well at that point in time that the sport community in Canada had failed to act as fully and as completely as we felt was appropriate to address the problem."

Do you adopt that statement?

A. Well, if I may ask just to clarify when you are saying do I adopt that statement, do I agree with it?

Q. That's all I'm asking.

A. Well, I think I would have to elaborate a little bit before saying an unreserved yes or no.

Q. Please go ahead.

A. Certainly, at that time and very shortly after the policy was put in place, so just to be clear on the chronology, we did circulate to all the national sport bodies a questionnaire asking for copies of their own policies as national bodies, asking for policies of the relevant international federation policy, and other pertinent information that would give us some indication of what we thought we already knew and which was in fact confirmed when the material from the sport bodies arrived.

And that simply was that only a relatively small number of Canadian sport bodies even had any statement concerning doping in their own Canadian rule books. The majority of sport bodies simply replied by saying that our
5 international federation we think has some rules in this particular area. And in fact, to my knowledge, prior to the announcement of our policy, there were only two sport bodies who had even any vague plans for or indeed had in fact implemented any anti-doping tests in Canadian.

10 So, I think I would agree with what Mr. Makosky said if one, in this particular sense, if having a policy, having an awareness of the extent of a problem and having a plan to deal with it, if one would regard those three things as being necessary to be in place, to say
15 that sport bodies were successfully dealing with the problem of doping, those three things weren't in place with the overwhelming majority of sport bodies and therefore I would concur with that interpretation of his statement.

20 Q. All right. So, we understand then his statement is not absolute. With respect to the Canadian Track and Field Association, did it have an anti-doping policy in place in December 1983.

A. Yes, it did.

25 The most recent version of the policy to my

knowledge was -- and it may well have been the first elaboration of the IAAF policy by the CTFA, was approved, I believe, by the CTFA in the fall of 1982. There may have been earlier versions. I am aware of a version with
5 a date of 1982.

Q. Well, let me ask you this. Is it not your information, as it is mine, that the CTFA had been testing its member athletes for three years by the time Fitness and Amateur Sport pronounced it's anti-doping
10 policy?

A. I am aware that the Canadian Track and Field Association had done testing at some national championship events prior to the announcement of the Fitness and Amateur Sport policy. And I think for all of
15 the reasons that I have mentioned just in response to your first question and in my earlier testimony that while those efforts were commendable, as were the efforts of the one other organization that we knew to have been doing testing, namely the Canadian Figure Skating Association,
20 that by no means would those testing activities alone constitute a fully effective anti-doping program, given the extent of the problem that one would have reason to feel may have existed at that time.

Q. Nonetheless, the Canadian Track and
25 Field Association was testing in the field at the time

Fitness and Amateur Sport pronounced its policy in December 1983?

A. Yes, that's correct.

5 Q. Now, the first initiative taken by Fitness and Amateur Sport in the furtherance of its '83 anti-doping policy, as I understand it, was the creation of the Committee on Doping and Amateur Sport within the Sport Medicine Council, is that correct?

10 A. Yes, it was the Advisory Committee on Doping in Amateur Sport was and is a subcommittee of the Sport Medicine Council of Canada, and has, therefore, eligible official members and a variety of ex officio members who are holding that status because they are not eligible to be SMCC subcommittee members.

15 Q. Right. But it was one of the first initiatives taken by Sport Canada?

A. That's correct.

20 Q. And one of the first initiatives taken by the Committee was the development of a standard operating procedure; is that not correct?

A. Yes, that's correct.

Q. And that is Exhibit 35?

A. Yes.

25 Q. The document entitled: "Doping Controls Standard Operating Procedures, a Manual?

A. That's correct.

Although I think I should point out that that particular version, that exhibit represents quite a significant ammendment refinement addition to the earlier versions which were utilized or proposed for use by the Sport Medicine Council in the period immediately after the announcement of the Federal policy.

Q. Now, I note that the introduction to this document at page 5 begins with the observation, and I will quote it. I quote:

"The Sport Medicine Council of Canada has adapted this manual from the Canadian Track and Field Association Doping Controls Standard Operating Procedures Manual."

Would it be correct to say then, in view of the opening sentence of the introduction of that document, that the government looked to the Canadian Track and Field Association in this respect at least as a model?

A. I think it's fair to say that the government looked to the International Amateur Athletic Federation from whom the -- or upon which the Canadian document was based to the Council of Europe whose anti-doping charter included the IAAF procedures as an annex, because they were believed to be among the better

developed statements of procedures for anti-doping controls. And also to the Canadian Track and Field Association who obviously had done some further refinement of the procedures for application in Canada.

5 The document you refer to, to the best of my knowledge, represents the Canadian streamlining and refinement of an extant international document.

Q. Right. Now, at some point in your evidence today you spoke to -- if I can move forward to
10 more recent years -- you spoke to an awareness taking hold of the fact that the residual bodily effects of doping might have become relatively shortlived, can I put it that way?

A. I didn't actually say -- if I am not
15 mistaken -- I don't believe I said the residual effects, I think I was referring to the residual presence of a banned substance. I am not sure I am in a position to say anything about residual effects. I don't believe I spoke to that.

20 Q. All right. Then so some residual presence of the doping within the athletes body, in any event?

A. Of the doping agent, yes, that's correct.

25 Q. And I believe the awareness that you

spoke of was the awareness that these residual effects ---

THE COMMISSIONER: Not effects, presence.

MR. BOURQUE:

5 Q. Presence, I am sorry, was relatively shortlived?

A. Could be relatively shortlived, depending on the doping substance used, the quantity of it, the nature of its administration to the athlete, the frequency of its use, and a great many other factors. I
10 simply was saying that in some circumstances, certain doping agents if used in a certain way could leave residual traces of their presence for a relatively short period of time.

15 Q. Right. And in consequence of that, that there was a need for out-of-competition testing to augment in-competition testing; is that correct?

A. Actually, that, I believe, is not what I said, or if that inference were drawn, I think that's in
20 error.

I was actually using that line of augmentation to make the case that athletes would now possibly be motivated to use doping agents that would normally only have been used in the out-of-competition
25 periods when testing was thought to occur, if at all, only

infrequently, that they now might use these doping substances or practices during the competition period, because the relatively short period from one competition to another might permit an athlete to use one of these substances, make the assumption, perhaps based on previous experience, that that substance and any traces of it would have been eliminated from their body, and therefore they would escape detection.

So, I was, in fact, with respect, making a point almost the opposite of what your inference has been. I was making the point that continued testing at competitions must still be part of the national and international anti-doping strategy, that we must not go too far overboard in promoting only out-of-competition or only no notice testing. We must continue doing testing during the competition season at competitions.

Q. All right. You mentioned in your evidence as well that there were steps that Sport Canada either intended to take or had taken to encourage national sporting organizations to develop out-of-competition testing programs, is that correct?

A. That's correct.

Q. And I want to ask you, when did Sport Canada first take steps to encourage the Canadian Track and Field Association to develop such a program?

A. The very first plan format that was circulated to national sport bodies, as I mentioned this morning, in the fall of 1984 sought from each organization its plans for testing both during competition and
5 out-of-competition. It was called -- I believe I have a copy of it here, but not right to hand, but I believe it was called, "Plans for Random Out-of-Competition Testing." In any event, as early as 1984, the first encouragement was given, although I believe there is a reference to
10 out-of-competition testing in the 1983 policy as well.

In any event, I think it's fair to say that in terms of a major more significant impetus within the Canadian system generally, that it was not long after 1984, and certainly as we moved into the 1984 -- sorry,
15 into the 1985, '86 period, that the necessity for out-of-competition testing was discussed specifically with the sports of weightlifting and track and field.

Q. And I wonder, finally, if you could confirm for me that the Canadian Track and Field
20 Association submitted an out-of-competition testing 48-hour notice program to Sport Canada for funding and procedural approval in January 1988?

A. Yes, I am aware of that, and based, as I recollect, on a set of procedures that had been approved
25 by the Track and Field Association in December 1987 and

about which we had a number of concerns, but perhaps more importantly about which both the Canadian Track and Field Association and ourselves had some concerns from, let's call it an operational set of reasons. As I have

5 discussed this morning, there are a great many logistical factors that go into successful implementation of an out-of-competition, short-notice program. Some of which, many of which were satisfactory dealt with in the 1987 CTFA policy, some of which remains still to be developed,

10 including in particular the -- what eventually came to be to known as the certified doping control officers.

MR. BOURQUE: Thank you. Those are my questions.

THE COMMISSIONER: Thank you.

15 Any other questions for Miss Hoffman?

Yes, Mr. Lufy.

MR. LUFTY:

Q. Miss Hoffman, my name is Lufy, and I

20 represent the Canadian Weightlifting Federation.

Just two questions, Miss Hoffman. Are you aware of the Department having sought legal opinions concerning the implementation of anti-doping programs?

A. Yes, I am aware on a number of

25 occasions ---

THE COMMISSIONER: Excuse me, Mr. Lufty.

Go ahead, please. The answer was you are aware ---

THE WITNESS: Yes, I am aware of our seeking legal ---

5 THE COMMISSIONER: What issue is this, Mr. Lufty.

MR. LUFTY:

10 Q. With respect in particular to assisting the federations in the implementation of anti-doping programs having a particular emphasis on the rights of the athletes themselves?

15 A. Yes, I am not sure how specific, Mr. Commissioner, you might want me to be in reply, but I do have, in fact, among the documents that I have with me, a copy of a memorandum to and a reply from legal counsel within the Federal Government which asked a number of questions about the appropriateness from a legal standpoint of various kinds of doping control activities, short-notice doping controls, contractual arrangements with athletes and so on. So we did, very definately, attempt to secure the best legal advice available to us so that we would be giving proper guidance to the national sport bodies.

25 MR. LUTFY: Mr. Commissioner, I asked the

question and put it on the the record because I do know
without yet being fully briefed on the issue that this was
a matter of some concern to the ---

THE COMMISSIONER: We will hear more about
5 that later.

MR. LUFTY: And you will hear about that in
February.

THE COMMISSIONER: I think the opinion
given the government of Canada, like all other solicitor/
10 client documents is a matter of privilege. You know that,
Mr. Lufty.

MR. LUFTY: Yes, I was going to end it
there. I was hoping, really, Mr. Commissioner, that the
question would have raised interest in the point of view
15 of you and your counsel and staff.

THE COMMISSIONER: We are looking into it.
We will be very glad to hear representations at a proper
day. But legal argument, it's a matter of argument, not
of opinion or evidence, you know.

MR. LUFTY: Well, I wasn't intending to
20 pursue ---

THE COMMISSIONER: We are very glad to hear
from you at a proper time on that matter.

MR. LUFTY: Okay.

THE COMMISSIONER: I think it is --
25

MR. LUFTY: Let me just end it there by saying, Mr. Commissioner, that I have some information that there was repeated by requests by the client I represent to obtain some legal guidance from Sports
5 Canada. I am not sure that my client was aware that Sport Canada did have those legal opinions, and as you say, this is something we can pursue.

THE COMMISSIONER: If it has been given to you, that's your privilege.

10 MR. LUFTY: No, it was sought, and it's my information it was not obtained.

THE COMMISSIONER: All right.

MR. LUFTY: It's not at big issue, it was something I would have thought ---

15 THE COMMISSIONER: I am very glad to hear if there is a legal issue here as to the legal validity of testing. I will be very glad to hear from you on that matter. It's a matter which has been raised by Mr. Makosky and Miss Hoffman as a matter of concern
20 particularly for the United States. So, we will look at it here, as here as well. It has been touched upon just as a comment that it is an issue.

MR. LUFTY:

25 Q. My second question, Miss Hoffman, had

to do with a more general issue. It might be of benefit for the Commission to have your views, so the pros and cons of removing the national sports organizations completely from the implementation of anti-doping programs.

You alluded to the issue, as I understood your testimony earlier this morning, by talking about relieving the burden of the Federation's implementation of the program, particularly if you were to go to more frequent testing than no-notice testing. It would be helpful to me, and perhaps to the Commission, to have the benefit of your views of the pros and cons of getting the Federations removed completely from the implementation of these programs.

THE COMMISSIONER: I am sorry, leave it all on Sports Canada, is that ---

MR. LUFTY: It's a flying squad concept, I think ---

THE COMMISSIONER: Leaving it all within Sports Canada ---

MR. LUFTY: Sports Canada or some other organization perhaps ---

THE COMMISSIONER: So, the National Sports Organization will not be involved in any way, is that ---

MR. LUFTY: That's the thrust of the

question.

THE COMMISSIONER: All right.

THE WITNESS: I am not sure I can give an absolutely definitive response to that. The primary
5 reason being that I don't think it is even feasible, and perhaps not desirable, but not even feasible to remove the entire operation in the entire matter of doping control from the purview of the national sport organizations.

As I mentioned before, those
10 organizations are after all ultimately the ones who confer or withdraw, if they wish, the entitlement to participate in sanctioned competitions. So, at an absolute minimum, the sport bodies must be in a position to impose certain kind of penalties in the case of positive test results.

15 But by the same token then they also are the organizations who set rules related to doping related to their own sport. And as we have heard last week, they do that because of a particular relationship they have with the International Sport Federations. But even beyond those,
20 let's call them "legal" requirements, given the nature and role of sport bodies, I am not sure that it would be desirable given the connection that sport bodies have with the athletes in that particular sport, I am not sure that it would be desirable or necessary to remove every single
25 operational aspect of the anti-doping campaign. It may be

that many aspects of the testing program are better administered from the standpoint of the integrity of the whole process and the perceptions of the integrity of the whole process by people outside that sport. And I suppose
5 in some respects that's the direction in which things are moving at the present time. But other activities, be it education, or the development of policy, or lobbying of the International Federation and so on, really are activities that I think quite properly belong with the
10 national sport organization.

The question is to find the right balance of operational responsibilities such that the task isn't too onerous for the sport body and at the same time -- well, not at the same time, but in addition to
15 make sure that the integrity of the entire testing process is, you know, beyond question at any time.

MR. LUTFY: Thank you, Miss Hoffman, it was particularly with respect to the testing that my question was directed and I thank you for your answer.

20 THE COMMISSIONER: Thank you, Mr. Lutfy.
Any other questions?

MR. FUTERMAN: Mr. Commissioner, I understand that this witness, along with the previous one, will be available for the hearings after February the
25 20th, if necessary.

THE COMMISSIONER: Yes, in relation to what transpired with respect to the Olympics, that's right.

MR. FUTERMAN: Thank you, Mr. Commissioner, I have no questions at this time

5 THE COMMISSIONER: Any other questions.

--- EXAMINATION BY THE CHAIRMAN:

Q. Miss Hoffman, I hope to have you back and Mr. Makosky at a later stage of the Inquiry to seek
10 your assistance on the future, and so I will propose then perhaps to ask some more searching questions, but I would just like to clarify just a few matters which come to me at the moment.

I must say that anybody who has
15 listened to you and observed you can't help but to be impressed with the talents you have brought to your office from your experience in athletics and your academic career and your great grasp of the matters and your dedication to the task which you are undertaking.

20 What I would like to have some help on is what is the government objective in funding athletic competition or participating in athletic competition. Why is that money being spent and why are you in the business as it were?

25 A. Well, I suppose there are two quite

fundamental reasons. One is that in general we would say that involvement in competitive sport is a part of the social, cultural, recreational fabric of the country and that there is a responsibility that the government has to support the development and the enhancement of general opportunities for Canadians to participate in competitive sport.

At the same time, I think that we would say that international competition is a reality, that there are many Canadians with the talent and the motivation and certainly the capacity to do well in international sport, to achieve very high standards of personal excellence and excellence measured in relative terms against and by comparison with the very best athletes in the world, and that there are some social value in providing an environment and providing programs that permit those Canadians who have the potential to be excellent athletes, to fulfill that potential. And we think that there is a value for the individual athlete concerned, and we think there is a value in terms of a social demonstration effect for other Canadians, to see Canadian athletes do well, to have some sense of pride in knowing that we have a system in Canada that permits the physical potential of Canadians to come to its full level of development.

Q. Well, the Statute under which you

operate is the called Fitness and Amateur Sport?

A. That's correct.

Q. And many of the activities in international competition now really can't be described as amateur competition; is that right? Some of the sporting --

A. That is correct from the standpoint of many of the people involved in organizing the events and those associated with the organization of the events who have a commercial interest in the event. And it's true from the standpoint of a relatively small proportion of the athlete population who participates in those events. If you define amateur loosely as an individual, an amateur as an individual who is not gainfully employed through their sport.

Q. All right. Which means the vast majority by far?

A. The vast majority are not gainfully employed through their sport. The vast majority receive no compensation or direct financial support. Quite a few receive some financial assistance to defray the costs directly of their programming and also of their day-to-day living costs. And a very few at the top have in certain sports the capacity to generate for themselves and for others very substantial amounts of money through the

exploitation of their athletic prowess.

Q. Well, are you concerned at all with the commercialization. I go back, it would unfair to say this, but is sort of the object of the exercise to win a medal at the Olympics? Is that sort of what all this money is really being directed to?

A. I am not sure I would put it quite in those terms. I think there is no doubt that an athlete who finishes in and place in the podium or among the top eight in the world at the Olympic Games, has by virtue of that performance achieved at a very high level and has become one of those demonstrations of excellence to Canadians and to the world and that that is it commendable. But I am not sure that we would say that the only objective of what we are doing is to get as many medals as we possibly can.

I think our belief is that we have some talented people in this country and if they are properly supported the net result of the efforts of some of those athletes will in fact be Olympic medals. And indeed that there is some relationship therefore between the strength of our system, the quality of the opportunities we offer to young Canadians and the results, yes, perhaps in medal terms that the Canadian team as a whole achieves at the Olympic Games. But I think as many have noted Canada sent

the fourth or fifth largest team to the Olympic Games in Seoul and ranked 15th overall in medal terms. And we don't regard that as some serious anomaly that should lead to a massive redirecting of the Canadian sport system.

5 In other words, I am simply saying that we are not so single-mindedly focussed on medals that we would only send, for example, to the Olympic games just those athletes who have chance to win medals. And indeed we support many more sports at a high level than do many
10 other countries who may more single-mindedly be committed to medals rather than to a wider range of opportunities and a more diverse array of sports.

 Q. And in your anti-doping philosophy, there are two aspects, I read. One is the nature of the
15 health, the other is the question of ethics and integrity?

 A. That's correct.

 Q. But have you searched out for the reasons why some of our athletes may be tempted to cheat, even at the risk of their health? I am thinking of
20 commercialization, for example, of opportunities for great financial gain could be tempting to someone?

 A. I think it's quite conceivable that the commercial side of sport, the potential material rewards associated with sport may be a factor for some athletes.
25 But I think we find it somewhat ironic in Canada that a

sport, that one sport that does for a few athletes have
some very considerable commercial potential, is a sport in
which there is a "doping" program

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Must be getting close to the target now.

Q. The lights have finally gone on.

A. A sport that has some considerable commercial potential; namely, track and field, is a problem, is a sport with a doping problem, but the other sport with the most extensive doping problem, namely weightlifting is one where commercial opportunities are virtually negligible.

And so, I think that one could look at commercialization as a factor but certainly by no means an exclusive factor. I think that there are some issues related to the, one could almost call it, the sort of subculture of some sports that have also contributed to the growth of doping practices in that particular sport.

I mean, we know that there are sports where, from a purely physiological standpoint, certain banned drugs could be of value, in an unethical way, but nonetheless of value in a pure physiological sense.

But we have good reason to believe that the prevalence of doping in some of those sports is virtually nil.

Q. But is also the high standard we require of our athletes say to engage in international competition, in other words not just good enough to be the best in Canada, but you are not going to get any place

unless you are the best in the world?

A. Mr. Commissioner, with respect, I'm not sure I would accept that line of thinking precisely.

Q. They are receiving recognition or a claim?

A. They're receiving recognition. The majority of athletes who are supported by the financing of the Direct Athlete Assistance Program, the majority of those athletes are supported at the point in time when they are simply prospective international competitors.

In other words, the support is provided to them as they are on their way up, not as a reward after they have arrived. And in many sports, the criteria are that are used are strictly Canadian criteria. In many sports they are based on international standards, as well.

But, nonetheless, one of my points here is that, presumably, that same temptation that we're speaking of, if it did in fact exist, would apply to all sports.

And yet, I think we can say, with some certainty, that we do not have a doping problem in all sports, by any stretch, nor do we have a doping problem among the majority of athletes in any single sport or event with the possible exception, I think given the test results of one sport, namely weightlifting, where it's quite clear that the extent of doping among highly ranked

athletes in Canada is quite considerable. But I think that is --

Q. It is said the reason for that, that is the only way you can have a chance of winning.

5 A. Well, I think....

Q. Internationally?

A. I think quite even apart from winning, I think it's fair to say that the doping problem in weightlifting is now of such a nature that whether one is winning or not, doping is almost part of the sport.

10

I mean it's -- doping in weightlifting is something not confined to the winners or to the ---

Q. To competition?

A. Or to competition, and that's why I refer to this, if I may, as the sort of subculture of doping as a phenomenon in particular sports for reasons that may transcend the material dimension, the commercialization or the desire to become a carded athlete or the desire to win or any of those things.

15

I'm not saying they aren't factors at all. I'm saying that there are some other phenomenon in play.

20

Q. And it's really only a fairly recent date that the Government of Canada sort of stepped in on this anti-doping program, just about '83 or something?

25 A. Since 1983 in a serious way, that's

correct.

Q. And that was done, rightly or wrongly, because it was perceived that the national sport organizations were not really addressing the matter, for one reason or another, as aggressively as they should?

A. Yes, I think it's worth noting, because it hasn't been said in any testimony earlier, that, to my knowledge, because I was associated personally with the organization at that time, that it wasn't as if the government completely, unilaterally took the initiative to get involved.

The Canadian Track and Field Association had drawn to the government's attention, I believe as early as 1981, a concern that the government declare a public policy on doping that was something more than simply saying the government agrees with the policies of the International Olympic Committee or whatever.

Q. Well then, having moved into the field, you've obviously assumed a certain responsibility in this area by your actions?

A. Certainly, a certain kind of leadership responsibility, yes.

Q. And one is the educational aspect of it?

A. In part, although, I think to give

credit where credit is due, the Sport Medicine Council has, in fact, seen to the development of a great deal of the educational material. We've assisted in its production and distribution certainly.

5 Q. Would that not be an agency of Sport Canada?

A. Not explicitly.

Q. We'll find out more about that?

A. Yes, the Federal Government was
10 involved in helping bring together the elements that became the Sport Medicine Council of Canada but the Sport Medicine Council and its subsidiary provider bodies is an independent organization.

Q. And what you've done here, as I read
15 it, is sort of laying down of very strict strictures upon national associations that are funded by the Government of Canada to see that these policies are complied with, in a sense, is that right?

A. Yes.

Q. Because it's left to the self-governing
20 bodies to implement this policy and, apart from providing the facilities for the test themselves, the implementation of the program is left to the Sports Federation?

A. I wouldn't quite characterize it that
25 way, sir. The Sport Medicine Council of Canada undertakes

as you will hear more of, no doubt, a considerable part of the operational responsibility; the management of the contract with the laboratory, the provision of various of the materials that are required to implement the doping controls, the standard operating procedures manuals, all of those kinds are things. Those are provided as support to the national bodies by the Sport Medicine Council.

As Sport Canada, there is a manager, Mr. Sorensen of the Doping Program, Anti-Doping Program and there is considerable consultative advice and guidance provided to the sport bodies to assist them.

Q. It's left for the sport organization itself to decide, well, at this meet we're going to test or not test, how many are going to be tested? They do that, I think?

A. They do that in the final analysis. We have not to this point said you must test X athletes on this occasion but I think that there is a collaborative dimension that leads to the kinds of plans the sport bodies ---

Q. Out-of-competition testing will be implemented, that would be for the Sports Federation itself?

A. Yes. But I think directly or indirectly.

Q. I'm not saying it's wrong. I want to find out?

A. I just want to say that in the kind of ongoing dialogue that occurs between Sport Canada and a sport body or, on occasion, between Sport Medicine Council and the sport body, it becomes pretty clear that certain kinds of activities should be undertaken.

When weightlifting, for example, decided to proceed with its out-of-competition testing program, it was pretty evident, from the numbers of positives that were registered on the infractions list that you've seen, that weightlifting not only had a serious problem but that it was likely jeopardizing its relationship with the Federal Government because of the prevalence of the doping problem in that sport. And that certainly was quite clearly communicated to the responsible officers in that organization.

Simply, that if the pervasiveness of doping in the sport continued, that sport risked the continuance of its financial relationship with the government.

Q. But when these violations are brought to your attention, we have a list of them here?

A. Yes.

Q. What does Sports Canada do about it?

A. We invoke penalties, first of all. In

the case specifically, because it covers the entire first sheet, in the case of weightlifting, we've had a number, I would say, of quite serious face-to-face meetings.

Q. I was wondering whether any inquiries
5 are made, say, as to who administers the drug, where it comes from, what's happening?

A. Well, we have asked on several occasions and ---

Q. Because, without that, we just know we
10 have the problem but no response to a solution, I would think?

A. That's correct, and that's why I indicated when I was going through the model national program material, that one of the duties we have is the
15 lack of a satisfactory investigative capacity, none that would fully track down the origin of the problem in a particular sport, not just its manifestation.

Q. Where is the source and who is administering the drugs and under what circumstances?

A. Sure, of course. I agree. Those are
20 some quite key questions. We have asked sport bodies from time-to-time, particularly the Weightlifting Association, to look into the situation in their particular sport.

I have a letter on file dated some time in
25 mid-1985 in effect saying to the Weightlifting Federation,

you must make a better effort to investigate what is going on in your sport. That it's not -- it's not quite conceivable to us, that the number of positives that appear to be coming forward and various other infractions, importation situation that four weightlifters were involved with in 1985, that these kinds of things ---

Q. Well, also there's ---

A. ---in 1983 couldn't occur without there being some more knowledge than had been to that date deserved.

Q. There was also athletes; that was track and field?

A. Yes.

Q. One in swimming?

A. Yes. I'm simply saying, sir, that in the mid '80's, the number of doping infractions were considerably greater in weightlifting and it was that sport that was the most under review.

Q. In 1986, we have three in track and field?

A. Yes.

Q. And all we know about those cases is that they result in positive results and the penalty?

A. That's correct.

Q. But no more information as to the

source of the drug or as to...

A. That's correct, but I wouldn't want to underestimate --

Q. With all respect, it seems to me, at
5 the moment, then that their views are that this approach
seems to pass the responsibility onto the athlete. The
only one that's suspended, penalized is the athlete and
not the Association, not the coach or the trainer or
the -- anybody else?

10 A. Well, I'm not sure that's entirely
correct but I might identify some circumstances ---

Q. I'm not suggesting that the athlete is
not responsible if he takes drugs knowingly. I've got no
views. I'm searching for help.

15 A. Well, I think just to give you some
sense of the complexities of it, there are athletes on
this list, for example, who have been found with positive
test results who have resided for much of the year outside
of Canada.

20 Q. Right.

A. Undertaking an adequate investigation,
and I think we all concur that investigations are
necessary, but undertaking an investigation when we may be
dealing with an athlete who is spending a good part of
25 their training year at a university outside of Canada is

obviously something that's extremely difficult to execute.

Q. You fund these sport federations, so you've got the financial clout and wouldn't you look to them to say, you've got to tell us more of what's going on. It's not sufficient just to say that a positive test was received, but we've got know more than that?

A. We have, I think, gone that far with at least one association to say you must do a better job of establishing what and why and how the doping problem has reached its current proportions in your sport and if you are unable to do that, you run the risk of the financial relationship between the government and the sport body being severed.

But having initiated the possibility of that sort of financial clout being used, that doesn't put the sport body in any better position to track down information.

It may increase their motivation but it doesn't increase their capacity to find out why things have arrived at the point to which they have arrived.

And we have been down that road virtually all the way, in 1985, with the Weightlifting Federation.

Q. On the side effects, of course, we're going to hear a great deal more of that from technical experts, but reading the exhibit, the Olympic list of

prohibited drugs, it's Exhibit 18, which comes from the International Olympic Committee Medical Commission, in each case, after listing the prohibitive drugs, there is quite an explanation as to the harmful effects it would
5 cause to those who consumed these banned products and there is a great emphasis in this document on the health factor.

In your educational program, is it also an emphasis on the health factor of these drugs or just the
10 ethic factor?

A. No, it's very much on both sides and it might be worth noting that in the survey that the Sport Medicine Council did in the early 1980's, when athletes were asked, were they aware of the health risks, they
15 said, in fact, that they were.

Q. They were?

A. And one of our concerns has been not that we should downplay the communication of information about the health risk factors associated with doping but
20 we remain quite concerned that athletes may choose to carry on, or even to begin, a regiment of doping even knowing about the health risks they may be incurring.

Q. How do you meet that? Only by education, I guess?

25 A. But I think at that point it then

becomes a question of do we educate them further about the health risks or does there need to be some other debate and deliberation about what it means in ethical terms? What it means to sport and its future if the doping problem continues on unabated.

Q. It's two-fold issue, isn't it, obviously?

A. Yes, it is.

Q. Do you receive reports from the sports federations as to the way they are carrying out your policy, the information they do give and how they give it, provide it?

A. Yes, we do.

Q. All right, thank you. Will you come back again and listen to our questions?

A. Thank you.

Q. Thank you.

THE COMMISSIONER: We'll adjourn now until 2:30.

--- Luncheon adjournment

--- Upon resuming.

THE COMMISSIONER: Mr. Proulx.

MR. PROULX: Mr. Commissioner, our next witness will be Dr. Andrew Pipe.

5

ANDREW LAWRENCE PIPE, sworn.

DIRECT EXAMINATION BY MR. PROULX:

10 Q. Mr. Commissioner, I would like to draw your attention first to the Cirriculum Vitae, but I should say for the counsel, present counsel, to a partial CV that in all fairness to Dr. Pipe we got permission from him to present to our colleagues since his old CV covers in the middle part presentations he has given in the past.

15 I would like you to, Dr. Pipe, to tell us about your present occupation?

A. I am currently a physician licensed to practice in the Province of Ontario, who has an appointment, a cross appointment at the Ottawa Civic Hospital, the University of Ottawa Heart Institute at the Ottawa Civic Hospital, a cross appointment in the Department of Cardiac Surgery in the Department of Family Practice.

20 Q. Now, the past two witnesses have referred to the National Advisory Committee on Drug Abuse

25

in Amateur Sport, and I understand you were elected
Chairman of this committee in 1987?

A. That's correct. The final meeting of
that committee in 1987.

5 Q. In fact, this is the main reason why we
are calling Dr. Pipe, but before we go through with your
testimony we would like to go back to your CV and to refer
to your special honours and awards, brilliant career as a
student, as a young doctor, and your other appointments?

10 THE COMMISSIONER: He is still a young
doctor, Mr. Proulx.

THE WITNESS: Thank you, Mr. Commissioner.

MR. PROULX:

15 Q. So, I understand you were then a
Premier's Council on Health Strategy in the Province of
Ontario?

A. That's correct. That's a relatively
recent appointment.

20 Q. Chairman of Section of Sports Medicine,
Ontario Medical Association?

A. That is correct.

Q. Director of Canadian Academy of Sport
Medicine?

25 A. That is correct.

Q. Chairman of the Accreditation Committee of the Canadian Academy of Sport Medicine?

A. That's correct.

Q. And what is of some importance to us is that in the past years, and for I think quite a number of years, you have been the team physician for two Olympic Teams, which is the Canadian National Men's Basketball Team and the Canadian National Alpine Ski Team?

A. That's correct, with one added observation, you will appreciate that an Olympic team is a team constituted for Olympic competition, and I have not actually been at the Olympic Games with the ski team, but I have been at Olympic games and obviously many other venues of competition with the Olympic basketball team or national basketball team.

Q. In reference to that, if we go to page 33, we have a very detailed presentation of your career as a team physician for the National Men's Basketball Team from 1978 up to the last Olympic Games in Seoul. Is that right?

A. That's correct.

Q. And below we have also the description of your -- or the reference to your activities with the National Alpine Ski Team from 1981 to 1988. You were also the Chief Medical Officer in 1987 of the Canadian Figure

Skating Championships and of the Canadian team at the Pan-American games in 1987 as well.

Just at the top of this same page, to refer to your sports medicine activities, it would be worth
5 mentioning that as a physician you were also involved in 1975 at the National Track and Field Championships, the Pan-American Junior Track and Field Championships, and the Olympic games in 1976.

Now, on page 3 and 4, you specified to us
10 the numerous activities or committees or associations of which you are a member. They are numerous, and I don't think it's necessary to mention them, but finally that I think can explain to us why in 1983 you were appointed a member of this -- and I repeat, this National Advisory
15 Committee on Drug Abuse in Amateur Sport which was formed by the SMCC, which was a committee of the SMCC, which is the Sports Medicine Council of Canada?

A. That's correct.

Q. Now, if we go back to Exhibit 6-A for
20 just one minute, Mr. Commissioner, we have the Sport Medicine Council of Canada for the SMCC, and we have under the different committees which I would like you to elaborate precise in the next minutes, could you?

A. The Sport Medicine Council of Canada
25 was formed in 1978. It is an organization that is

supported by the Federal Government through Sport Canada. It is an organization that provides a number of clinical, scientific and medical services to athletes. It comprises four provider groups, as they are termed, which represent the Professional Sport Medicine Associations of four distinct disciplines.

The Canadian Academy of sports medicine, of which I am a member, is the professional association if you will, of physicians who have an interest in and an involvement with sport medicine in Canada.

The Canadian Association of Sport Sciences of which I am also a member, is an organization of scientists, exercise scientists, sports scientists, coming from a variety of disciplines who also have an interest in and an involvement with sport, fitness, exercise, from not only an academic point of view, but also from the point of view of academics who give of their services and their skills in ways which support sport at this level in Canada.

The Canadian Athletic Therapists Association is the professional association of athletic therapists in Canada, that is those -- to use a term with which perhaps some of you might be more familiar -- serve as trainers for teams. These are people who have sat the certification exam of the Canadian Association of --

Canadian Athletic Therapists Association, and finally the four ---

THE COMMISSIONER: Is that physiotherapy we are talking about?

5 THE WITNESS: No. These are, in fact, Mr. Commissioner, athletic trainers, as distinct from physiotherapists.

THE COMMISSIONER: Thank you.

10 THE WITNESS: The fourth group is in fact the sports physiotherapy division of the Canadian Physiotherapy Society. And is that professional grouping of physiotherapists who have an interest and an involvement with sport at this level.

THE COMMISSIONER: Thank you.

15 THE WITNESS: Historically, I think that it was felt that by from an organizational point of view that a Sport Medicine Council which would encompass in its membership these four provider groups would have advantages, would have administrative and other advantages
20 to the operation of the council.

BY MR. PROULX:

Q. Now, before we go into the precise mission of this advisory committee which was created in
25 1983, I would like you to present to the Commission a

brief history of drugs in sports. And I would like first to ask you if before 1983 you had any specific notion of what was going on exactly in this field, and what happened more significant in 1983 to your personal knowledge?

5 A. Well, my involvement in sport at this level and of this type began shortly after I entered general practice in Northern Ontario. I was at that time still fairly active myself. I was -- in contrast to the previous witness my athletic abilities are pedestrian,
10 but ---

THE COMMISSIONER: Join the club.

THE WITNESS: I was a runner, a recreational runner in those days and this was at a time when running was not necessarily as popular as it
15 subsequently became. When sporting activities were held in Sudbury, physicians were asked to provide care and services to these games, and I suppose by virtue of the fact that I was seen running so often that I was asked to do this. That's basically how I became involved with
20 track and field back in the mid seventies.

At that time -- and again may I say that that was a peripheral involvement. At that time one began to hear the kind of disquietening comments that suggested that there were in certain elements in sport, in certain
25 areas of sport, those who were seeking to abet their

performance, to enhance their performance artificially through pharmaceuticals.

As my involvement in sport developed or evolved, it took -- I became, as you have already alluded, involved with the National Basketball Team. And here in that context one is focusing on the sport of basketball, but cannot be unmindful of things that are happening in sports, particularly on the occasion of major games when the other sports are taking place in close proximity to the basketball activities.

And gradually the realization grew and my consciousness grew about the degree to which there was perceived to be a problem with the abuse of drugs in certain sports.

Once again, I suppose any interest that I had in this tended to be academic. It tended to be sort of based on curiosity, but as I -- as my involvement in sport grew and I began to develop a certain sense of disquiet, if that is the word, about some of the things that I felt might be happening in sport.

Q. As a matter of fact, in this exhibit, which is Exhibit 36, Mr. Commissioner.

THE COMMISSIONER: I have it here.

MR. PROULX: We have an article which was published in 1983.

THE COMMISSIONER: The Making of a
Champion ---

MR. PROULX: That's right. By Dr. Pipe.

THE COMMISSIONER: -- Chemistry of
5 coaching.

MR. PROULX:

Q. And I understand, Dr. Pipe, that this
was in fact, even though it shows December 1983, this was
probably delivered before the Pan-American Games scandal
10 or --

A. Well, in 1983, in the summer of 1983, I
was asked to speak to a provincial coaching seminar in the
Province of Ontario.

THE COMMISSIONER: May I interrupt to get
15 this chronology. You told us about your earlier
experiences in Sudbury and the experience in the National
Basketball Team, what year are we talking about now?

THE WITNESS: I left Sudbury in 1977.

THE COMMISSIONER: And when did you become
20 associated with the National Basketball Team?

THE WITNESS: '78.

THE COMMISSIONER: And that's the time when
you were sort of exposed to international competition
then, were you?

25 THE WITNESS: That's right, although while

I was in Sudbury I should add I did serve as a physcian at the National Track and Field championships in 1975. I think subsequent to that there was a dual meet between Canada and East Germany. I helped in the provision of medical services in that meet.

At this time, I was also becoming, I would, on weekends, go and be a physician for cross country meets, I think I served as a physician at an indoor track meet in the Maple Leaf Gardens in that time period. It was still on the periphery and there was not an involvement as a physician with the team as developed in 1978.

THE COMMISSIONER: Thank you.

MR. PROULX:

Q. So, I was referring you to this article which was published in 1983, and I wanted to draw your attention to the fact that as the previous two witnesses mentioned, it is after the Pan-American games where we heard that two Canadian athletes were tested positive that then was issued this policy to which we have heard in the past days. But I want to bring you back before the Pan-American games to try to situate for the benefit of the Commission what, to your knowledge, was the situation at the time?

A. Yes. Well, in the summer --

Q. And I refer you, of course, to this article?

A. Well, in the summer of 1983 I was asked
5 to give a talk to a provincial coaches' seminar talk in
the Province of Ontario, and I think the title of my talk
was something about Sports Medicine from Superstition to
Science. And I talked about some of the developments that
I felt were happening in sport that to me were
10 antithetical to the proper application of sport sciences
and sports medicine. I particularly alluded to the
question of drug abuse in sport. And there were in that
audience officials of the, I believe, Coaching Association
of Canada, who subsequently invited me to address the
15 national coaches seminar, which was held in October in
1983.

Between that first presentation and the
subsequent October presentation, of course the
Pan-American games took place. And as we have already
20 heard, the issue of drug abuse in sport achieved a
prominence and profile, certainly in North American and
amongst the general public in North America that it hadn't
previously experienced.

This then was -- the article that you
25 refer to is actually taken from a transcript of the talk

that I delivered on that occasion in October 1983.

THE COMMISSIONER: What was the date of the Pan-Am games? Earlier than this article?

THE WITNESS: Yes, that's correct.

5 THE COMMISSIONER: Not very long ---

THE WITNESS: Yes, that's right.

THE COMMISSIONER: Thank you. Sorry to interrupt.

10 THE WITNESS: If you would like, I can allude to ---

MR. PROULX:

15 Q. I would like to ask you what for you, in your opinion, what was so significant about the revelation which came out of these Pan-American Games about the fact that two Canadian athletes were tested positive? Can you explain, in other words, why the government of Canada intervened at that time by issuing this policy? Did you have anything to do with this
20 yourself?

A. No, I didn't have anything to do with that myself. I do know, and you have already heard, that in 1982 the Sport Medicine Council of Canada had conducted a survey relating to the question of drug abuse in sport.
25 I think, I am very confident when I say there was a

concern being expressed in the sports medicine, sports science circles at that time about this problem, hence the SMCC survey.

Q. While we are on this survey, Mr.

5 Commissioner, I would like to refer you to this exhibit.

THE COMMISSIONER: What number is it?

MR. PROULX: It's the second document right after this letter.

THE COMMISSIONER: The date of it, please.

10 MR. PROULX: It is dated February 1983, on your left, on the left, top page of the document.

THE COMMISSIONER: Yes, I have it now. Thank you. It's not an exhibit yet, is it, Mr. Proulx?

15 MR. PROULX: No. I would like to mark it as exhibit -- I am sorry, before that, we should mark as an exhibit the Curriculum Vitae.

THE COMMISSIONER: Well, I have two. I have a long one and a short one, which one are you marking?

20 MR. PROULX: We would mark the long one as Exhibit 40. The short one as Exhibit 41. And with your permission ---

THE REGISTRAR: Excuse me, I seem to have just one here.

25 THE COMMISSIONER: Well, there is a very

lengthy one, is that ---

MR. PROULX: No, the Commissioner has
the ---

THE REGISTRAR: He has one longer than
5 that.

MR. PROULX: This one is 40, the small one
is 41.

THE COMMISSIONER: You have referred to
this article, Mr. Proulx, of the paper delivered in
10 October 20 to the 23, '83, "The Making of a Champion." Do
you want that marked?

MR. PROULX: We would come back on this,
Mr. Commissioner. The witness will give more extensive
information on this article. But since the witness was
15 referring to this survey, I think it; s appropriate now to
draw your attention to it. This is dated February 1983

THE COMMISSIONER: Well, that will be
Exhibit 42.

MR. PROULX: 42, please.

20 --- EXHIBIT NO. 40: Curriculum Vitae of Dr. A.L. Pipe
(Long version)

--- EXHIBIT NO. 41: Curriculum Vitae of Dr. A.L. Pipe
25 (Short Version)

--- EXHIBIT NO. 42: The SMCC National Survey on Doping
in Amateur Sport

5

MR. PROULX:

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Q. In fact, it says, Dr. Pipe, the front page of this document, "That in an attempt to determine the extent of doping substances use by Canadian amateur athletes, the Sport Medicine Council of Canada conducted in the summer of 1982 a national survey of the amateur sport community. The survey was funded by Sport Canada." So, is that what you were referring to?

A. That is correct, yes.

15

Q. In fact, Mr. Commissioner, the witness, Mr. Makosky, has referred you briefly to the fact that there was a survey and I think Miss Hoffman, too.

Would you like to elaborate on this survey?

20

A. If you wish me to, I would be happy to. I mentioned it only to provide some context for my comments as to -- that you had requested as to ---

Q. The article?

A. -- the climate, the situation as we found it.

25

THE COMMISSIONER: Were you member of the Sport Medicine Council at that time?

THE WITNESS: Yes, I was a member of Canadian Academy of Sport Medicine, certainly and would have therefore been a ---

THE COMMISSIONER: Member of Sport Medicine Council of Canada?

THE WITNESS: Yes, anybody who is a member of any of those provider organizations, Mr. Commissioner, then I suppose technically becomes a member of the Sport Medicine Council. I was not an executive member or on the -- nor did I have any administrative position.

MR. PROULX:

Q. I understand, Dr. Pipe, you felt useful to refer to this survey to show that in 1982 the issue was clearly raised by SMCC, Sports Medicine Council of Canada, and they felt necessary to proceed to a survey.

Now, maybe we should refer -- go back to this article which I would like to mark as an exhibit now which is entitled: "The Making of a Champion".

MR. COMMISSIONER: "Chemistry or Coaching."

MR. PROULX: Which would be, Mr. Commissioner, Exhibit 43.

THE REGISTRAR: 43.

--- EXHIBIT NO.43: Article entitled "The Making of a
Champion: Chemistry or Coaching"

MR. PROULX:

5 Q. On the front page of this article in the
first -- in the left column, you refer to the tragic
experiences in Caracas, meaning the Pan-American games,
and then on the righthand column on the first paragraph
you say the Canadian public has responded with a mixture
10 of self-righteous indignation and poorly disguised
disgust, and so on.

In the past years, you have just described
the fact how you did yourself evolve and the knowledge you
did acquire on the extent of the use of drugs by athletes.
15 Would you elaborate on this exactly, on what you perceive
to be the Canadian public reaction at the time in 1983?

A. Well, as I recall, certainly, there was
a great deal of shock on behalf of not only the Canadian
but the North American public, a shock that large numbers
20 of, yes, Canadians, but also American athletes had either
been found to have violated the rules of doping during the
course of the Pan-American games or, as we have already
heard, left those games for a variety of reasons prior to
competing.

25 And I think, if I may be permitted a

personal observation, that one of the reasons for that was that this was the first time that North American public had had the issue brought -- occur so close to home.

5 It must also be remembered that in the United States, there hadn't been no drug testing per se, prior to 1983. Indeed the testing for the 1988 -- 1980 Winter Olympics, which were held in Lake Placid, were in fact -- was in fact carried out in Montreal, the INRS Laboratory at that time. So, it may very well have been
10 that the North American public was confronted for the first time with this issue on their door step, as it were, even though it occurred in the South American context. But certainly with lots of North American athletes involved, and the number of athletes involved accelerated
15 that public's reaction.

THE COMMISSIONER: Well, there was some what, 19 or 20 or 23 were disqualified in Caracas?

THE WITNESS: I believe -- I am sorry, I don't have the exact number at my fingertips, Mr.
20 Commissioner.

MR. COMMISSIONER: I read either 19 or 23, I have forgotten.

MR. PROULX:

Q. In fact, Dr. Pipe, when we go to page 2
25 of this same article, to the left column under the box

anabolic and androgenic, there is a sentence here which I would like to read:

"It was only against the rules because 'guys in blue blazers carrying clipboards' who sat on committees said it was so - besides everyone was doing it and 'they' were doing it more often, and in more effective ways than 'us'."

What did you mean exactly at the time?

A. Well, it's probably appropriate in discussing that paragraph to cite, to place that in the context of the paragraphs that go before and that followed.

I think that I was saying that people -- if you will go further up the page -- that people in sport had been smug, shortsighted and stupid. I was very blunt. I intended to be very blunt. Smug, because we had been telling ourselves that it wasn't a problem in our community or in our society. That it certainly wasn't something that took place in the kind of sports that we were involved in. There were other sports where there may be problems, but in the broad amateur sport in context that this was not a problem that was of a significant dimension. That there were people who were removed from the realities of the hurly-burly, day-to-day operation of

sport, hence the hypocritical guys in blue blazers carrying clipboards, I guess I am grateful I don't have a clipboard on this desk today, but the suggestion that these were rules that were made by those who were somewhat removed from sport and who in an officious way try to inflict certain standards.

I went on to say that I thought we were being very shortsighted because we failed to grasp the gravity of this problem, the implications of this problem, the threat that this posed to organized sport, as we knew it, the degree to which this was destroying, and we have heard this phrase before, the very integrity of sport.

And finally I said that I thought that we had been stupid, because at a time when we were beginning to convince ourselves that we were addressing some of the scientific aspects of sport in a forthright and open and successful way, that there were many practices which were to be found in sport that represented nothing more than dogma and superstition and myth and half truth, and that people clung tenaciously to some of those superstitions, myths and dogmas, and the word subculture is perhaps appropriate to describe elements of the sporting society that where there have been supposedly demonstrated self-evident truths which persist and persist and persist. And I meant by this to suggest that

superstition and some of these dogmas transcended science in the sporting world. And that we, that is the audience that I was making this address to, and particularly physicians in sport sciences had a profound and
5 fundamental responsibility to begin addressing some of the inconsistencies which were there, to begin addressing some of the problems which were posed in this instance by drug abuse in sport. And to begin caring for our athletes in the most complete way possible.

10 And in a nut shell, I suppose that that was very much the thrust of this presentation. I cited examples of some of the things that I saw in sport that I thought were inconsistent with the scientific approach to sport. I then went on to talk about some of the specific
15 drug problems that we were recognizing were occurring within sport.

Q. Which we will cover eventually in your presentation today.

A. Yes.

20 MR. COMMISSIONER: You speak here of anabolic steroids, is that ---

MR. PROULX: We intend, Mr. Commissioner, in fact we have the slides here, and we intend to ---

25 THE COMMISSIONER: No, I was just going to ask the question. Was that the first, in 1983 become the

first international competition where this particular drug became of some intense attraction?

THE WITNESS: No, I don't think it would be fair to say that.

5 THE COMMISSIONER: I read it goes back earlier than that.

THE WITNESS: That's correct, and perhaps later on this afternoon I can ---

THE COMMISSIONER: I,m sorry, go ahead.

10 THE WITNESS: -- address that.

MR. PROULX:

Q. At this stage we just heard what your prescription was at the time in 1983, and then we know, to follow your career, that you got very involved in this field since you became a member of the National Advisory Committee on Drugs and eventually the Chairman of this committee. So, you have been there for the past five years.

20 And I would like to proceed now to get from you for the benefit of the Commission, how you would now describe this situation in Canada and outside Canada as to the magnitude of the problem, the nature of the problem, taking into account the data or lack of data you possess and the experience you acquired in the last five

25

years within this Committee.

5

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A. Well, perhaps if I can try to address the issue of the magnitude of this problem first.

I think any comments that are made about the degree to which this -- any comments that are made in an attempt to describe the extent of this problem, the boundaries of this problem, must be carefully preceded by making sure that there is a realization that the data that exists in this area is virtually nonexistent.

One sees all kinds of comments reported, attributed and so on, to all kinds of individuals under all kinds of circumstances which purport to suggest what the true dimension of this problem is. And I think that when one goes to look to the scientific literature to try to get an answer to those very fundamental question, one has some difficulty in getting accurate data and there is a crying need for data in this area. There are reasons for that.

First of all, obviously, this is conduct which is proscribed by most of the rules of most sporting organizations and therefore people do not tend to be forthcoming in many instances to discuss their involvement in this problem.

I think, too, there has probably been the attitude -- there has probably been, I would say, not an indifference to this problem, but certainly there has been

the perception, an erroneous perception I would believe, that this is something which is restricted to a very small, again to use the word subculture, and that, in contrasts, some of the other drug problems that our society must confront. It is not as important as some of those other problems.

Having said that and having declared that the data is very limited and that therefore one must interpret with a great deal of caution, indeed with a great deal of critical caution, statements which are made by individuals attempting to describe the magnitude of the problem. Let me say that the data that we have suggests that certainly, in the United States, this is a problem that transcends, sport as we have been talking about it, to this point in this Inquiry.

Q. In fact, Dr. Pipe, I showed you, I think, a very recent publication which is dated, last December 16, which refers to a study made in the States with very young football players?

A. Yes. This was a study conducted by Buckley from Pennsylvania State University which appeared in the Journal of the American Medical Association in December of 1988.

This was a study of a large number, almost 3,400, 12th Grade male high school students across the

United States. Their results indicated that over --
pardon me, that 6.6 per cent of 12th Grade male students
used or have used anabolic steroids.

THE COMMISSIONER: What per cent?

5 THE WITNESS: 6.6.

THE COMMISSIONER: Do we have that exhibit?

MR. PROULX: We will get that copy, Mr.

Commissioner.

THE COMMISSIONER: Fine.

10 MR. PROULX: We will get it eventually.

THE COMMISSIONER: We don't have it now?

MR. PROULX: We don't have it now, but we
will get?

15 THE WITNESS: Over two-thirds of the user
group initiated use when they were 16 of years or younger.

THE COMMISSIONER: Is this football you're
that talking about now?

20 THE WITNESS: This is a broad spectrum of
12th Grade male students in a number of American high
schools. There are other studies, if I may go on.

The University of Arkansas' investigation
suggests that 11.2 of adolescent males in their study were
using or had used anabolic steroids.

THE COMMISSIONER: In high school?

25 THE WITNESS: That's correct. If we look at

more distinct -- more distinctly defined populations, in this instance, the study that looks at elite powerlifters, we find that the proportion of users rises considerably and the study would be happy to table, 30 per cent or more of powerlifters in the study cited for anabolic steroids users.

Investigation into anabolic and androgenic steroid use amongst college men in the United States and, in this instance, examining 1,000 college age males found an incidence of use of only 2 per cent.

I cite these studies for two reasons. They show the inconsistency of data. They reflect, to some extent, the limited resources which are available to carry out these kinds of investigations. And they also reflect very much the fact that definitive epidemiological investigations into this area have yet to be carried out, particularly in Canada.

I must also say that one should exercise a degree of caution in seeking to apply these statistics to the Canadian situation, for one very good reason.

Football, as a major sporting pre-occupation, if you'll forgive that term, of American adolescence, young male athletes, is obviously much more common and practiced with a degree of intensity and sophistication, than is the case in Canada.

Football, one must appreciate, is a sport in which strength, power, bulk such as may be obtained from anabolic steroid abuse is, in some sense, rewarded.

I also provide this data to suggest that
5 this is a problem, I maybe repeating myself, but this is a problem which transcends the kind of sporting boundaries which so far we have discussed in the context of the evidence that has been presented to this point.

We have focused on several hundred Canadian
10 athletes who are athletes in the Canadian carding system. And I think it's important to understand and to recognize that there is a tremendous inter-relationship between the problem as it exists in sport of that kind and that level and sport, in a variety of forms, as it is practiced in
15 the community beyond.

Q. Which are not necessarily subsidized or supported from Sport Canada?

A. Which receive no support from Sport
Canada which are outside, in one sense, the purview of the
20 activities of our committee.

But, if one is seeking to deal with this problem in the sense of trying to address something which threatens sport, one has to be very much aware of the degree and the extent to which this is a problem which can
25 be found in many communities, at many levels of sport;

amateur, and indeed professional sport, in our country.

And if we are to appropriately address and respond to this situation, it will require the development of strategies which address the problem as it exists in those particular areas.

I would go on to just perhaps highlight some of the information that was gleaned from the Sport Medicine Council in 1982.

Q. In that survey?

A. In that survey which you have.

Q. So we should go back to Exhibit 42?

A. Yes.

THE COMMISSIONER: Well, how valid are these surveys when you ask somebody whether, have you taken steroids?

THE WITNESS: I think that's a fundamental question and I think that underscores the need for the design and the implementation of valid instruments of sociological tools, the appropriate kinds of questionnaires and so on.

THE COMMISSIONER: In any event, those who did respond and those who admitted to use of these drugs, it was about five per cent of those who responded?

THE WITNESS: That's correct.

THE COMMISSIONER: More alarming, most of

them have never read the doping control regulations. If you look at number 4; 81 per cent of the athletes, only 48 per cent of the coaches and 51 per cent of practitioners -- is that medical practitioner?

5 MR. PROULX: Page 3, Dr. Pipe.

THE WITNESS: Yes.

THE COMMISSIONER: Large proportion of athletes; 81 per cent, 48 per cent coaches and 51 per cent have not read the International Olympics Committee's
10 doping control regulations.

Practitioners, does that mean medical?

THE WITNESS: I'm not completely sure as to whether that refers solely to the medical practitioners or the other ---

15 THE COMMISSIONER: Other people involved?

THE WITNESS: The other practitioners, the physiotherapists and the certified athletic therapists to whom this questionnaire was circulated.

THE COMMISSIONER: I'm sorry, Mr. Proulx. I
20 took you off your course. You were going back to this yourself?

MR. PROULX:

Q. Yes.

25 A. I think there are very obvious

limitations to this kind of investigation and this kind of study. Nonetheless, it, I suppose is as many of these endeavors do, it raises as many questions as it provides answers.

5 I think one of the things that we could -- the conclusions that were drawn from this survey were that clearly more needed to be done to make people aware of the regulations as they applied to drug use in sport.

10 That clearly, there was pleasingly, a very strong reaction from the athletes that more should be done to ensure that the appropriate sanctions were developed and applied to those who abused the rules insofar as doping was concerned. And that is something which I may come back to later but I think is also very valid that, as
15 my experience in this area has grown, it's become quite self-evident that some of the most out-spoken critics of these processes and these practices, some of the most out-spoken, some of the strongestly phrased -- most strongly phrased calls for tough measures, come from
20 athletes themselves, for very obvious reasons.

Legitimate athletes, that is legitimate in the sense of those who are not abusing drugs, find that their accomplishments are demeaned, are discoloured, are devalued to the extent that a great cynicism begins to
25 develop about sport in general and the accomplishments of

athletes in general.

Q. Dr. Pipe, before we go onto another subject, referring to the lack of data, how would you -- what importance would you give to the numbers of positive -- of those who are tested positive, the number of those through the years?

A. Well, they're clearly very important and, indeed, I suppose the very fact that we are here today is a reflection of the importance that occurs as a consequence of a positive test.

From a statistical point of view, as in terms of trying to assess the magnitude of the problem on the basis of tests that are positive in the course of competition, there is, in my view, that reflects an underreporting of the magnitude or the dimension of the problem. Clearly ---

Q. Why so?

A. I think the phrase that I heard was that those who are forewarned are forearmed and those who are abusing drugs, in all likelihood, desire to escape detection, particularly at the times of competition when testing can be anticipated to be taking place.

Q. Now, I would like to pass to another subject which is the mission of this advisory committee and I think it would be useful to refer the Commissioner

to Exhibit 33 which is the policy issued by Government of Canada and particularly to paragraph six or to Section 6, I should say.

It reads that;

5 "Sport Canada will then list, where appropriate, the assistance of the Sport Medicine Council of Canada, the Department of National Health and Welfare in the following areas:

10 (A) assessment of the validity and feasibility of the plans developed by the national sport organizations.

(B) overseeing drug testing procedures implemented by national sport organizations.

15 (C) production of educational materials for athletes and,

(D) as a source of general advice to Sport Canada and the issue of doping control and drug use in sport."

20 Would you say -- would you agree ---

THE COMMISSIONER: Paragraph number six?

MR. PROULX: Paragraph number six, please?

THE COMMISSIONER: I have it, Thank you.

MR. PROULX:

Q. Would you describe this as the mission which was given, in fact, in 1983 to the advisory committee?

5 A. Yes, I think that's a fair description.

Q. Now, in furtherance of this mission, could you please now describe to us the evolution of this committee in the past five years? What were they -- the first thing that you do was obviously to suggest the list of the banned drugs and practices; to, I guess, proceed to the elaboration of the procedures of testing and so on.

10

So, could you please elaborate on this?

A. Yes, I would be pleased to.

The committee was first constituted or first met in December of 1983. It was chaired at the time by Dr. Norman Gledhill, Sports Scientist, Physiologist from Toronto.

15

It included Dr. Doug Clement from Vancouver, physician, coach, sports medicine practitioner.

Included myself, Mr. Tom McWilliam who was on the Canadian Track and Field Association.

20

Dr. Robert Dugal, who is the director of the INRS-Sante Laboratories in Montreal, who was responsible for the drug testing at the 1976 Olympics, and as I related, 1980 Lake Placid Winter Olympics.

25

And I believe -- I believe I'm not missing anyone -- Ms. Abby Hoffman of Sport Canada.

And the task that we faced initially were quite large. We had to try to develop, assist in the
5 development of a policy relating to drug abuse in sport which made provision for education and for testing.

We, early on, I think agreed that the basis of the list of banned drugs should be that of the International Olympic Committee. This clearly was a body
10 which had an international profile and was rightfully seen as a leader in the world of sport and that this would result in a degree of consistency in our domestic situation with what was happening elsewhere.

It was necessary to begin to develop some
15 procedures for the implementation of a testing program. One should give great credit to Mr. Tom McWilliam of the Canadian Track and Field Association who, as we've already heard, worked to revise existing documents and to develop the first set of procedures.

20 It was necessary to involve the national sport organizations and I think it is important to recognize again that the case was being made that if sport was to deal with this problem, it was important that sport, itself, was involved in dealing with the problem.

25 And therefore, it made a great deal of sense

to ensure that the national sport organizations were, in fact, grappling with these issues, trying to confront the problem as it existed within their domains, their spheres of influence.

5 So, part of that process, part of that procedures was designed to ensure that the national sport organizations were involved in delivery of not only educational materials and resources but also delivery of testing services.

10 We had to ensure that there were appropriate laboratory services for the conduct of the number of tests that would be anticipated.

15 Q. On this issue, did the SMCC and Sport Canada, through your own recommendation, come in a contract with Dr. Robert Dugal's laboratory or INRS?

20 A. Yes, deliberations took place between Sport Canada and the Sport Medicine Council of Canada and the INRS Laboratory which led to the signing of a contract, an agreement, that this laboratory would in fact provide laboratory services for the testing program and, in addition, would act as a doping -- anti-doping, I should say, resource; would conduct, be involved in research in matters that related to the facilitated detection of abused drugs, so on and so forth.

25 I might say that I was not specifically

involved in those deliberations but they were taking place at this time.

Q. But, in the four years which followed, we know as a fact that a budget, in fact, was provided by Sports Canada and, in fact, a contract intervened between Sport Medicine Council of Canada and this laboratory to allow a certain number of tests for the amount of money which was already specified by Mr. Makosky which was half a million dollars.

A. I think it's subject to correction. I think it's approximately \$480,000 a year.

Q. All right. Now, what would be the number of the total tests which would then, annually, which would then be included in that agreement?

A. Provision was made in this contract for the conduct of up to 1,200 tests per year.

Q. 1,200 tests per year?

A. That's correct.

Q. And, in fact, we heard that this agreement is coming to an end?

A. That's correct.

Q. So, you were saying that, going back to 1983, that the Commission -- the Committee, I'm sorry, looked into different issues and, aside from the educational materials, the conduct of testing, the

laboratories, the procedures, do you have anything else to -- useful to mention at this point?

A. It's difficult to convey to you at this point the dynamics that were occurring at that time. We were trying to start, from scratch, a program.

THE COMMISSIONER: You were saying, I think, that you felt it essential that the sport federations, themselves, be involved?

THE WITNESS: That's correct.

THE COMMISSIONER: How did you go about doing that?

THE WITNESS: That, particularly in terms of the conduct of testing, the delivery of materials and so on, and the agreement -- an agreement was struck between the national sport organizations and Sport Canada, making them responsible for -- or agreeing to develop these kinds of activities and carry those out, with the assistance of the kinds of resources and expertise that, in this instance, the Sport Medicine Council might be able to provide.

We, for instance, prepared audio visual presentations made available ---

THE COMMISSIONER: Is this part of the dynamics that were going on at that time?

THE WITNESS: Yes. We were, quite frankly,

working very quickly get this process into place.

MR. PROULX:

5 Q. You said it was your firm belief at the time that the national sport organization should be very involved in to the application of these procedures, right?

A. Yes.

Q. Now ---

10 A. But that was certainly an understandable viewpoint, I think, and indeed the delivery system, as such, existed only in the national sport organizations. There was no other way to deliver those kinds of activities.

15 Q. Now, I would just like to refer the Commission to Exhibit 35 which is the standard operating procedures.

20 You just mentioned that Mr. McWilliam was, in fact, instrumental and very useful into the preparation of this document. Maybe we should just elaborate as to regarding the contents of this manual?

A. Well, this manual is designed to provide -- to be as, if I may, user-friendly as possible and to provide guidance in the way in which drug testing, when it's carried out, should be conducted.

25 It includes instructions and advice as to

how to -- the appropriate space that might be needed, the kind processes that should be followed in terms of notifying an athlete, in terms of providing for that athlete's care while he or she is waiting to produce a urine sample, the kind of ---

Q. That would be in the title, "Procedures"?

A. That's correct.

Q. We have Equipment, Procedures...

A. I'm sorry. I'm not quite sure what page you're on?

Q. Page 17, into the procedures?

A. Yes.

Q. And then we have the Chapter 6 on Post-Laboratory Analysis - Responsibilities in Case of Positive Result?

A. That's correct.

Q. We have a Mechanism of Appeal, Appeals Procedures?

A. That's correct. I should also point out that this, the document that you see before you now, is modified and has been amended and revised considerably from the document that first was prepared in 1983.

As our experience with the process, with the procedures grew, as our experience with some sort of

problems arose grew, so the procedures were appropriately modified.

Q. I appreciate the observation of the witness, Mr. Commissioner, and I think we should note that no other document so far has been produced that can put us up-to-date as to the present procedures but we'll take note of it and by tomorrow morning, we should ---

THE COMMISSIONER: He said this is the most up-to-date. This is the most up-to-date.

MR. PROULX: It is, but I thought there were more -- is this the most up-to-date?

THE WITNESS: Yes.

THE COMMISSIONER: I think what the witness said was that this represented a change in what earlier had been done. This is the most up-to-date document, is that right, Dr. Pipe?

THE WITNESS: That is correct. I was trying to make the distinction between that which we were initially talking about in 1983.

THE COMMISSIONER: And what we're doing now.

THE WITNESS: And what we're talking about now.

MR. PROULX:

Q. Now, at this point, I think it would be

useful to refer you to Exhibit 34 which is the the list of banned drugs and, at this point, I would like to refer the Commissioner to a document which you have which is entitled, "Doping Control Update".

5 THE COMMISSIONER: Just a moment, Mr. Proulx. Dr. Pipe, I have mine here, if you like?

THE WITNESS: I apologize. May I say -- I apologize for ---

THE COMMISSIONER: Not at all.

10 THE WITNESS: May I say that this is a document which was prepared to provide some guidance, not so much for the drugs which were banned, but to provide some guidance for physicians and athletes and coaches and so on of those drugs which are permitted.

15 We constantly heard the concern raised that you're always telling us what are banned drugs, what are banned drugs. What can we make use of in situations where there are medical indications for treatment? Hence, the production of this document.

20 This document too, has gone through some changes which have been noted either in doping control updates, as they are prepared and released by the Sport Medicine Council or, in fact, by the preparation of stickers which have been added to the cover or by
25 instructions as to where there may be typographical or

other errors in this document.

So that this was designed to provide assistance of a positive kind, rather than saying these are not -- that was the philosophy behind this document which, I may say, has also now been widely copied around the world as being something which is useful to ---

THE COMMISSIONER: Are the banned drugs here and practices the same as the update we had this morning?

THE WITNESS: I'm sorry, Mr. Commissioner?

THE COMMISSIONER: There is an update -- can I have one of the last exhibits? I left it there. One of the last exhibits this morning? An update?

MR. PROULX: That was the update policy, this morning, Mr. Commissioner.

THE COMMISSIONER: Yes.

MR. PROULX: But the list of drugs is not in this.

THE COMMISSIONER: This is the same, is it? I have here an update.

MR. PROULX: Mr. Commissioner, the update you have is on the policy.

THE COMMISSIONER: Oh, that's right, thank you.

MR. PROULX: I think what you want to refer yourself to is a document which was produced by Mr.

Makosky which was a very -- Exhibit 18 and the ---

THE COMMISSIONER: That's the IOC?

MR. PROULX: Yes?

THE COMMISSIONER: I have that.

5 MR. PROULX: You have that?

MR. PROULX:

Q. You have reviewed for our benefit, Dr.

10 Pipe, this document which I do exhibit to you now, which
is the doping control update?

A. I have that now, yes.

MR. PROULX I would like to mark it as
Exhibit --

THE REGISTRAR: 44.

15 MR. PROULX: 44.

--- EXHIBIT NO. 44: Doping Control Update

MR. PROULX:

20 Q. At this point, Mr. Commissioner, I
would like the witness give us a broad overview of these
drugs and practices through his own slides which he
brought here today. I think it could be useful to proceed
that way.

25 THE COMMISSIONER: I'm sorry. What are

you ---

MR. PROULX: I was just saying that ---

THE COMMISSIONER: He's got slides? What is that going to show us?

5 THE WITNESS: I was asked to be able to talk about the banned drug list.

THE COMMISSIONER: In a slide form?

MR. PROULX: Yes. Should be a short presentation but very, I would say, colourful but also
10 indicative of ---

THE COMMISSIONER: What ---

MR. PROULX: ---what they are.

THE COMMISSIONER: What Exhibit is this doping control update, Mr. Registrar, the last one?

15 MR. PROULX: Exhibit 44.

MR. REGISTRAR: This is 44.

THE COMMISSIONER: Would you tell me what this is, Mr. Proulx? I don't know what it is.

MR. PROULX: This doping control update here
20 is the update of the list of drugs which you -- which you can see in Exhibit 34.

THE COMMISSIONER: And that's from the Sport Medicine Council of Canada?

MR. PROULX: That's right. There are, in
25 fact, five amendments, I should say, or updates. They are

identified as such and the last one would be in June,
1988, for instance.

5

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THE COMMISSIONER: Yes.

MR. PROULX: Do you have this one here,
June, 1988. It says on the left top, Issue Number 5.

THE COMMISSIONER: Yes, I see that.

5 MR. PROULX:

Q. It is issued by the Sport Medicine
Council of Canada.

10 So, as an example, could you maybe look
into this document. So, it says in other words additions
to booklet, the booklet being what I showed you as Exhibit
34?

A. That's correct.

Q. That's correct.

15 A. This is a document which is prepared
regularly, Mr. Commissioner, by the Sport Medicine
Council.

THE COMMISSIONER: Yes, I see that. Thanks.

20 THE WITNESS: It is circulated widely to
the national sports organizations, to those who are
involved in doping control procedures, and designed to
ensure that the kind of information we feel people should
possess is in fact disseminated.

THE COMMISSIONER: Thank you.

MR. PROULX:

25 MR. PROULX So, if you would agree now, Mr.

Commissioner, I could ask the witness to show us the slides.

THE COMMISSIONER: Okay.

5 THE WITNESS: Mr. Commissioner, I was asked to try and help by providing a broad overview of some of the issues that relate to drug abuse in sport, and particular to the questions of what drugs are abused, the consequences of that abuse, the rationale for that abuse, the kind of situations which may follow from their use or
10 abuse.

I sense that some of my initial slides may in fact reflect a repetition of what we have talked about already this afternoon.

THE COMMISSIONER: Don't worry about that.

15 THE WITNESS: I will try to get through those very quickly. I think it important once again to understand that there has been the tendency in the past to ignore this problem which has been present for sometime and which poses a threat to the integrity of sport.

20 THE COMMISSIONER: Is that first of all see no evil, hear no evil, speak no evil? Is that it?

THE WITNESS: That's correct.

THE COMMISSIONER: I have had heard that before.

25 THE WITNESS: I think it important to

perhaps develop some respect upon this to recognize that the tragedies that occurred at the Munich Games in 1972, alerted people in sport to the realization that the security of sport was jeopardized and sport made major adjustments to deal with those particular threats to international sporting activity.

It may very well be, and this is my personal opinion, that the problems with drug abuse in sport pose just as significant a threat but this time the threat is to the integrity of sport and it is a threat which in some some senses comes from within sport which makes it all the more necessary for us to try and deal with the problem for reasons which I hope will become clear.

Why is doping prohibited. Well, I think first and foremost and particularly as a physician, one must recognize that there are very definite health concerns and consequences that may follow from the abuse of some of the substances which I would talk about in a few moments.

And it's of particular irony to me that those who epitomize the ultimate in physiological achievement, epitomize the ultimate in the health and well being, may jeopardize those very self same qualities as a consequence to the degree to which they are involved in

some of these practices. Sir William Osler, if you will forgive the philosophy, once said that one of the duties of the physician is to educate the masses not to take medicine. And that is particularly important, and a particularly important responsibility for those of us who as physicians are entrusted with the care, the counsel, and the well being of athletic individuals. I think we have very definite responsibilities in that area.

There are very definite ethical considerations. Sport demands -- depends, pardon me, a level playing field. The extent to which drug taking is perceived even to be a problem in sport undermines that level of playing field, it undermines the integrity of the competitors, it devalues and debases the achievements of athletes training and competing legitimately and it may itself be coercive of other athletes to become involved in drug-taking practices.

The cynicism in this area is perhaps best reflected by a comment attributed to a Montreal journalist who observed that mountain climbing is the only sport that is on the level. And irrespective of the magnitude of this particular problem to the extent that there is a problem then the kind of widespread distrust and public disillusionment that colours attitudes to sport becomes a very real problem for sport itself.

We know that there are some legal implications. I won't touch on these, but certainly these are substances whose importation and transmission are in some ways controlled by various statutes and perhaps this is an issue we may address in the future.

What constitutes doping. In terms of the Canadian situation, the policy that was articulated by Sport Canada in 1983 makes it very clear that the deliberate or inadvertent use of substances by an athlete for the purpose of enhancing athletic performance constitutes doping.

It's important to recognize as well that that policy goes on to say that those who provide or administer substances to athletes are considered to be involved in doping practices. And thus eligible or, if that's the correct term, are subject to the kinds of sanctions and approaches which can be developed as a result of that policy. There are very definite problems in that area. And I am sure we will hear more of them.

What drugs are banned. The IOC list is basically categorized into three divisions, the first being doping substances.

The first group of drugs on this list are the stimulants. Stimulants are those sorts of things at which can arouse, can increase people's or an

individual's level of arousal, perhaps ward off a sense of fatigue and thus in that way presumably or possibly accentuate performance. The amphetamines, speed, these kinds of drugs have been used in this manner in the past.

5 The list bans specifically narcotic analgesics, those drugs which are used principally in medical circles for the alleviation of pain, the rationale being that these drugs may be abused by those who have injury, those who are seeking to minimize the effects of
10 pain or discomfort that may be associated with exertion and hence the inclusion of this particular category of drugs in the banned list.

 I might say that historically these two classes of drugs have been abused quite frequently in a
15 number of sports, particularly cycling.

 The third category is anabolic steroids, and we will perhaps turn to those now, but I would just to complete the list mention beta blockers and diuretics which I will discuss after a discussion of
20 anabolic steroids.

 I want to in very general terms discuss what an anabolic steroid recognizing there will be experts in this field who will be testifying before you in the future.

25 This molecule is in fact a molecule of

the male sex hormone testosterone. It in fact is a typical example of what we call a steroid. In any chemical which possesses the shape or the configuration of the four rings labeled here A, B, C and D is known as a steroid.

It is very important at this point to make the distinction that what we are talking about in the sporting --

THE COMMISSIONER: Is this androgenic?

THE WITNESS: Yes, it is.

THE COMMISSIONER: By itself?

THE WITNESS: Yes, it is. Testosterone being the principle male sex hormone is responsible for the development of a male physique, the development of male sexual features and so on.

THE COMMISSIONER: That's why it is androgenic.

THE WITNESS: That is why it is androgenic, meaning to make male, forgive me for -- and anabolic meaning to build up.

THE COMMISSIONER: All right.

THE WITNESS: I think it's important that we understand this is an anabolic or androgenic steroid and that there are a number of compounds, pharmaceutical, and physiological that are also steroids, but are not the

focus of the kind of discussion that we will be having about drug abuse in sport.

I am constantly asked by people who say I am taking steroids for asthma or my arthritis. And those are totally different class of steroids.

Testosterone in this form cannot be used when had taken orally. It is a consequence by modifying that chemical formula, but tacking little compounds on to those numbered areas around this compound, by changing that configuration so you can produce a whole class of anabolic steroids which are different in their chemical constituency but very similar in terms of their shape, their silhouette, and their configuration.

And you will see that there are in this slide five anabolic steroids underneath the parent compound testosterone. These chemical modifications may facilitate the oral absorption of the drug. They may change the ratio of anabolicity and androgenicity. They have differing rates of absorption or excretion. They have differing routes of administration. Some of them are injected, some of them are taken orally.

There are problems with the oral ingestion of anabolic steroids because anything that we take orally is ultimately passed through the liver which breaks chemical compounds down, attempts to detoxify them

and some of these compounds as we will see cause problems in the liver which mean that the preferred route of administration in some instances is by injection.

5 This is a further slide, I don't mean to turn this into a biochemical seminar, Mr. Commissioner, but it demonstrates the variety and range of differing anabolic steroids that have been constructed as --

THE COMMISSIONER: Are these in addition to the ones on the last line?

10 THE WITNESS: That's right.

Now, anabolic steroids have been historically have been abused in sports where strength and power is important, particularly events or sports like weightlifting, bodybuilding, football. And we do know
15 that anabolic steroids will cause, when taken in association with the appropriate training and appropriate protein intake, tremendous changes in body size and body silhouette. That occurs largely as a consequence not only of changes in the metabolism in the muscle cells but also
20 in the degree to which anabolic steroids cause water to be retained not only within the body but also in the muscle cells themselves.

This is obviously important in sports where pure body bulk size is a significant factor in the
25 athletic performance.

I think it important to state at this time that for medical officials as they have in the past to stand up and say that steroids don't work and that the evidence in the literature is ambiguous and so on is in some senses counterproductive because I think that to take that stance destroys the credibility of that particular medical authority in the eyes of those who might otherwise be receptive listeners and prevents an appropriate health education message, if I can use that, from being received.

We have in the past, and it has been said in the past, that steroids don't enhance strength and don't enhance power. And when one went to the literature, one found that there were studies that said that they didn't and there were studies that said that they did. And they were about evenly split once you winnowed the literature down to good studies with good designs, even recognizing that they were still limitations. And there is in a sense scientific dilemma here about which you will hear more I am sure.

One of the reasons for that is that impossible, or virtually impossible to receive permission from a research ethics committee to administer the human subjects the dosages of anabolic steroids that many athletes commonly abuse or commonly consume. That is that no responsible investigator would be happy in most

situations providing volunteer subjects with those quantities of those drugs. Clinical wisdom would dictate that that would totally inappropriate.

It's also impossible to conduct what we call blind trials, that is studies where we give one group pill X and one group pill Y and don't tell anybody what's in X and what's in Y so would we don't produce a placebo effect simply because people who are taking anabolic steroids know by virtue of the kind of mood changes that accompany anabolic steroid ingestion know very often that they are in fact taking the anabolic steroids and therefore results can be colored by that placebo effect.

So for those kinds of reasons plus I think a very practical reason and that is that medical research granting agencies are not likely to see in terms of their priorities the allocation of funds to investigate whether or not certain compounds can make weightlifters lift more or certain athletes do more with certain drugs on boards. They are not likely to see those as being pressing medical research issues.

With that as background, I would just repeat again that approximately 50 percent of the investigations have shown improvements of strength measurement with steroid treatment. The remainder have shown indefinite effects. And I am sure you will hear

more about this in the future.

Anabolic steroids like testosterone are absorbed at the cellular level, much like, if you will forgive me, a key going into a lock. There is a receptor on the cell wall which binds with the particular configuration of an anabolic steroid or whatever chemical it is designed to bind with, along the lines of a lock-key relationship. The drug is taken into the cell, it combines with some of the proteins in the cell and particularly is active in terms of stimulating that cell to then synthesize more protein between.

Again I apologize for seeming to turn this into a biochemical seminar, but very simply put that is how anabolic steroids exert some of the kinds of effects that are attributed to them.

There are of course other effects beyond that, in men that are summarized very superficially on this slide. In men there are changes in behavior in terms of changes of sperm production and so on. In woman there are the changes which follow from the fact that anabolic steroids are, as you pointed out, androgenic and therefore have the capacity to produce masculine features.

There are problems that are related to the fact that these drugs pass through the liver and may cause changes in liver function. And there are problems

relating to the degree to which these chemical compounds can accelerate the development of chemical changes in the body which are likely to predispose someone to cardiovascular disease.

5 THE COMMISSIONER: What about fertility? I heard something about it may effect the fertility on the female?

 THE WITNESS: As a consequence of decreased sperm production and so on that --

10 THE COMMISSIONER: What about the female?

 THE WITNESS: -- that can be affected.

 That is a possibility as well in the female in terms of the fact that normal reproductive cycles and so on may change dramatically as a consequence of the administration of large doses of anabolic steroids.

15

 Perhaps more readable is this slide. I have addressed the question virilization in females.

 There is one very particular concern and that is that young people before they have reached their full growth stature, as their bones are still growing, are susceptible to what we call premature epiphyseal closure. That is the portions of their bones that are growing in the normal scheme of things receive as their stimulus to stop growing a sudden increase in the level of the testosterone. So that somebody finishes

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puberty, testosterone stops their bones growing, their growth become arrested in the natural scheme of things. If you are therefore to administer anabolic steroids to adolescents who are not -- who would not normally be exposed to the large doses of these kinds of steroids, you may cause a premature closure of those growing parts of their bone and their growth may be arrested.

In males who take anabolic steroids by virtue of the disruption of the normal steroid metabolism and the kind of conversions and biochemical mechanisms that are at play, ironically you may produce under certain circumstances an increase in female sex hormones such that the male develops some rudimentary breast tissue and this is in medical terms gynecomastia.

The disturbances of liver function. I have alluded to most anabolic steroids will cause dramatic changes in liver function as reflected in changes of various liver function -- liver enzymes which can be measured biochemically. It must be pointed out however that there is a body of literature which shows that people who have received anabolic steroids in a therapeutic situation have subsequently gone on to develop more profound changes in their liver and ultimately liver tumours, which are -- have resulted in fatalities.

The concern is often raised -- the point is

often made that, well, there must be lots and lots of people in sport who have used some of these compounds in large doses and we don't really have any knowledge of any of these people developing these problems to which I would
5 reply, and I think this is of fundamental importance in examining this issue. We have no clinical experience whatsoever, none whatsoever, with large numbers of -- with numbers of patients who we know or patients or individuals, I shouldn't use the word patient, who have
10 taken over a period of time large doses of anabolic steroids. It is not as a though we can say in our experience a thousand people taking drug X, Y or Z followed 15, 20, 25, 30 or 40 years may in all likelihood develop problems A, B or C, or D. We just do not have
15 that experience but we can infer from what we know about what happens as a consequence of taking these kinds of drugs from the limited clinical experience we use in these drugs in various therapeutic situations that there may well be consequences which are unsettling to say the
20 least.

In the normal scheme of things, when someone stops taking anabolic steroids, their liver function returns to normal. That however should not be taken as a guarantee that in every situation, in under
25 every circumstance when somebody who has been taking

anabolic steroids stops, that their liver function will return to normal.

I would just draw your attention to what is identified here as distortion of lipid profiles.

5 By lipids we mean chemicals like or entities like cholesterol and so on which circulate in the bloodstream which we know are good markers, have good predictive value in terms of the development of cardiovascular disease, particularly heart disease. And we know that those who
10 use anabolic steroids cause a dramatic change in their lipid profile. That is some of those cholesterol-type chemicals rise alarmingly. The bad ones rise alarmingly and so-called good cholesterol drops as well. So that you create in these individuals what we would term at
15 atherogenic profile. That is their blood chemistry suggests that they are enhanced -- there is an enhanced risk of their developing cardiovascular problems in the future.

Again, we have little clinical
20 experience in this area, but what little knowledge there is, would suggest that even several months after cessation of these drugs, these profiles have not returned to normal.

As a consequence of the addition of
25 supplemental or exogenous forms of testosterone or

testosterone derivatives, the body senses that it does not need to produce any more testosterone. As a result, in the males, the testicles atrophy. The contradistinction in females, the body responds to the administration of testosterone-like chemicals by developing male characteristics, a deepening of the voice, the appearance of facial hair, male pattern baldness, and also hypertrophy of various female genitalia in a masculine -- as a response to these kind of masculinizing hormones.

Baldness and acne are both caused by male sex hormones, and therefore these two are potential side effects of some of these particular drugs.

Not included on this list, Mr. Commissioner, and one which is attracting a great deal more of attention are the mood changes that occur as a consequence of taking anabolic steroids.

I think that there is little doubt that there are behavioral changes which occur in those who are consuming anabolics.

A paper which appeared in the American Journal of Psychiatry last year points out that 22 percent of the anabolic steroid users in that study manifested major behavior changes with 12 percent of those manifesting near psychotic states. And as you may be aware, the kinds of changes in behavior that occur as a

result of anabolic steroid use are now of some interest to the law where as a consequence --

THE COMMISSIONER: It is becoming a defence now.

5 THE WITNESS: It's becoming --

THE COMMISSIONER: An issue?

THE WITNESS: A defence.

THE COMMISSIONER: It's becoming an explanation for conduct.

10 THE WITNESS: And I think that you can appreciate that there are certain sporting situations in which people who are aggressive, who are for want of a better term disinhibited, who are volatile, who are bellicose, who are -- whose behaviour is modified in those
15 ways, is in some sporting situation that kind of behavior is welcomed. I quite frankly speak of football in that sense and the popular press has in the last few months addressed this issue in terms of the kind of changes that have occurred in football players in American universities
20 for instance who have been using anabolic steroids.

So that this is another area which very much has to be considered.

THE COMMISSIONER: Some people are like that anyway, like some lawyers without the use of steroids.

25 THE WITNESS: I have been told that.

MR. PROULX: This you don't know, Mr. Commissioner.

THE WITNESS: There is also as a consequence of those kind of changes a false sense of bravado, a sense of inviolability, a sense of omnipotence which sometimes manifests itself in people involved in anabolic steroid use, and I think that we are seeing in Canada some situations problems as a consequence of the kinds of behavioral manifestations that occur secondary to anabolic steroid use.

Finally, in connection with these comments, I would just like to say it's impossible to state with any degree of accuracy from my perspective what the adverse effects might be from longterm self administration or other administration of massive doses of various combinations of different anabolic steroids. Because we have not had that clinical experience, and because of some of the other problems associated with this, and I would just allude to those briefly. I have already suggested that the doses that are used by athletes in athletic situations are far and away above -- well beyond those normally used in the practice of clinical medicine, in those very few areas when there is an indication for anabolic steroids use. Compounding that are the practices known as stacking. By stacking I mean

the simultaneous use of one or more different anabolic
steroids, very often in -- according to empirically
designed formulae by those who purport to have knowledge
in this area, and to advise athletes as to how they should
5 take these particular drugs. So an athlete may take
product "A" for a week, on the weekends supplement it with
an injectable steroid, the following week take product "A"
and "B" and add a fourth steroid and so on and according
to the formulas which are somewhat arcane and to me poorly
10 understood. We are also seeing the abuse of various other
steroid-like or steroid hormones human chorionic
gonadotropin, is a hormone which is prepared from pregnant
women, and it has the effect of stimulating the gonads,
the testes. And so in an attempt to try and increase the
15 endogenous production of testosterone, human chorionic
gonadotropin has been abused.

Human growth hormone is a hormone which has
a great deal of currency, if I can use that term.

THE COMMISSIONER: That's not considered an
20 anabolic steroid, or is it?

THE WITNESS: No.

THE COMMISSIONER: It's human growth
hormone by itself?

THE WITNESS: Although it is reasonable to
25 assume that it has anabolic properties.

THE COMMISSIONER: Is it also a compound of testosterone?

THE WITNESS: No, it's not. Its ---

THE COMMISSIONER: Is that synthetic now?

5 THE WITNESS: It is synthetic now as well.

Until a few years ago the only source of human growth hormone was from cadaver pituitary glands. A human growth hormone was used because of its ability to enhance growth in the treatment of growth deficient children. One of the ironies of this sport drug abuse situation was that in 10 1984, the Montreal Childrens Hospital, I believe it was, lost its entire year supply of human growth hormone because somebody sought to divert it presumably to the black market.

15 THE COMMISSIONER: Is it a banned -- is it banned, human growth hormones?

THE WITNESS: It is, that's correct.

THE COMMISSIONER: What's it called in this book?

20 THE WITNESS: It's called human growth hormone or somatotropin. And there are difficulties however with identifying this. It is a very volatile chemical compound, it's difficult to identify, and so there are currently no tests that make it easy to tell 25 when people have abused human growth hormone.

So these are some other ramifications of this problem which I know that you will hear a great deal more about in the future.

One of the problems in this whole area is, Mr. Commissioner, that in sports where strength training is legitimately seen as a component of preparation for that sport, strength training takes place in environments, in a variety of different environments, and athletes in a variety of different sports, of a variety of ages, of a variety of sporting abilities and circumstances are now being tempted to supplement or augment their performance through anabolic steroids use. And this relates, again, to what I said earlier this afternoon about looking at this problem in the broader context that we -- that anabolic steroid use and abuse flourishes outside the kind of athletic community that we have talked about today. To an extent that again one cannot speak about it intelligently because the data is just not there. But this is a very real problem for those of us who seek to address this problem in sporting areas in which we are operating, because athletes training in community gymnasiums, high school athletes, university athletes are tempted to involve themselves in some of these practices because of the kind of values that some of these athletic subcultures, they have been called,

profess. And to the extent that this is a problem in professional sports, so that there is an inter-relationship between professional athletes who are seen as role models, who are seen as people worthy of emulation by younger athletes in our communities and there is a flow back and forth between the varying athletic constituents.

By way of vivid example, this is a letter that we received at the Sport Medicine Council some time ago by -- I think the handwriting will suggest a young athlete, who writes for information, which we provide, but who also asks if we could recommend two or three permissible drugs which would be beneficial for her performance. This is the kind of problem with which we are confronted. I recall very vividly seeing a 15-year old patient at a university clinic that I was associated with who came requesting beta blockers, and I'll talk about that in a few second, but the extent to which this is a problem outside of organized sport in the manner to which we have spoken of is one that I think requires our attention.

I want to leave the anabolic steroids, Mr. Commissioner, and perhaps just talk briefly about some of the other classes of drugs that are banned. In some sports alcohol is banned. Alcohol has the ability to

inhibit tremor, and therefore in sports like some of the shooting sports, alcohol is banned because anything which can alleviate tremor obviously concurs an advantage to a shooter.

5

The beta blockers are a class of drugs which are used in the treatment of high blood pressure, heart disease and some other medical conditions.

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They exert their effect in part by the virtue of the fact they slow the heart rate. As well as slowing the heart rate, they also tend to minimize tremor and they may also diminish the kind of anxiety and pre-performance anxiety which is not uncommon in athletes or in after-dinner speakers or I would even venture lawyers.

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A. Not Commissioners.

And so the Beta Blockers became a drug of abuse, if I may use that term, in sports where some attempt was made to lower the heart rate and, by way of an example, a shooter or anybody who is involved in a shooting sport releases their arrow or squeezes off their shot in the period of time between which their heart beats, because of course there is a transmitted vibration down their arm.

And if you can lower the heart rate, so there is a greater period of time during which you can fire off that shot, and hence, the rational for abusing Beta Blockers. And now Beta Blockers are banned in certain sports.

I mentioned the 15 year old. The 15 year old was an athlete competing in an event known as the biathlon in which you cross-country ski and then shoot at targets.

I just about fell off my chair when, one day, a 15 year old athlete asked me if I would tell him please, and perhaps discuss Beta Blockers because he had been told by his coach, really, if he was to progress any further in his sport, he should consider Beta Blockers which would improve his shooting.

This is the extent to which I think people's

values become distorted and warped, that a 15 year old should be subjected to this kind of situation.

At any rate, not only do Beta Blockers have the kind of effects I've described, they tend to suppress one's exercise capacity and capability, particularly in what we called aerobic events in which endurance is important.

It is totally an inappropriate use of -- one can't even rationalize the pharmacological use of drugs in that particular situation.

That again attests to the degree to which these are problems beyond the sporting world with which perhaps we're familiar with most at this point.

Diuretics are classes of drugs which cause an individual to urinate large volumes of urine, obviously. Many sports -- in many sports competition takes place on basis of weight classification. So there are frantic struggles in many sports for people to make weight in order to be able to box at a certain weight, in order to be able to row at the certain weight and so on. And people involve themselves in all kinds of crazy practices in attempts to make weight.

One of those practices involves the abuse of diuretics. Urinate virtually as much water as you can get out of the body so that your weight drops and between the

time of the weigh-in and the competition, drink it back and hopefully get yourself back into some appropriate shape.

5 Well, of course, diuretics not only cause the excretion of water, they also cause the excretion of various chemicals, includes things like potassium and other things which are important for muscular contraction. This kind of practice is totally counter-productive, because the kind of diminution in physiological capacity
10 which occurs as a consequence of diuresis is, in no way, compensated by the fact that you may be competing at a lower rate.

In Caracas, Venezuela, a Canadian athlete became ill as a consequence of this abuse and strenuous
15 attempts to make weight, including the abuse of use of diuretics.

THE COMMISSIONER: Doesn't it also help in masking any banned substance?

THE WITNESS: That's their other rational
20 for their use, that by producing copious amounts of urine, you will help to flush out rapidly traces of other banned drugs like anabolic steroids.

For that reason, as well, the diuretics are now on the banned list.

25 In that same area, drugs which inhibit the

excretion of banned substances, in this case anabolic
steroids, have now been added to the banned list and I
speak of the drug called probenecid which has as its --
which has among its ability, the ability to reduce the
5 rate at which anabolic steroids are excreted into the
urine and ultimately out of the body.

And so probenecid is ---

THE COMMISSIONER: It would block it, is
that right.

10 THE WITNESS: It would block it.

THE COMMISSIONER: In that sense?

THE WITNESS: In that sense. Probenecid was
originally used in order to block the excretion of
penicillin and thus by giving somebody penicillin and
15 probenecid you maintain high levels of the antibiotic
penicillin in the body.

The IOC has also added to its list doping
methods and pharmacological or chemical manipulation. The
most important of these is blood doping which has become a
20 problem in a number of sports in which endurance or the
ability to run a long distance over, in the shortest
possible time obviously, is important in sports like
distance running, cross-country skiing and so on have been
affected by this development.

25 But, very simply, blood doping involves the

withdrawal of a portion of an athlete's blood. The red blood cells within that blood are then stored -- the blood is spun down, the cells are collected and frozen and, in a manner that's not unlike giving blood at the Red Cross, after you've given a unit of blood, over the next few days your body replenishes the level of hemoglobin, the level of the red blood cells, and you get back to normal. And that is what happens in this situation.

Except that, shortly before athletic competition, these frozen stored red blood cells, the athlete's own red blood cells, hopefully, are then reinfused into the athlete with the result that the athlete's level of red blood cell mass and hemoglobin is increased, the capability of blood to carry oxygen to the exercising muscles is enhanced and resulting in increased performance results.

We know that in 1984, members of the United States cycling team involved themselves in this particular practice, in a rather bizarre way, that the blood that they were infused with was not their own.

It seems to have been almost an afterthought that they decided they would involve themselves in this practice. Blood was taken from relatives, transfused into them with the result that some of them became ill, as might be expected from the use of uncrossed, unmatched

blood. Some of them went on to win gold medals.

Because the rules at that time did not specifically speak about banning blood doping, those medals were allowed to stand.

5 THE COMMISSIONER: How can you protect it, though?

THE WITNESS: That is the dilemma. At the present time, there is no way to detect this particular practice, certainly not with the urine test.

10 Work is proceeding at the present time on blood tests designed to identify those who may have blood doped and in the Nordic cross-country skiing sports, the work is continuing to try to refine tests and, indeed, this year, athletes are now, of their volition, providing
15 blood samples in order that the work in this area may continue.

It may be some time before the appropriate methods of detection can be obtained. which speaks again, to the ethics. A sense of ethics is for more important
20 than the development of scientific or analytical techniques in order to forestall ---

THE COMMISSIONER: Can you do this yourself or do you need help?

THE WITNESS: You would very definitely need
25 help, an access to blood taking, blood storage, blood

reinfusion facility.

THE COMMISSIONER: That's what I was thinking. It has to be stored in a professional way?

THE WITNESS: That's correct. As an aside,
5 when one looks at the literature, one notices that there is, in the veterinary literature, particularly in the Equine, in the horse veterinary literature, there are references and there is work that has been done in this area, as well.

10 Finally, there are classes of drugs whose use are restricted. Alcohol, I've already mentioned in association with the Beta Blockers.

Local anesthetics, corticosteroids. Certain anesthetics, if you or I were to receive a cut and we went
15 to the local emergency room, we would probably, depending on where that cut was, our laceration would be frozen with an anesthetic which contains some amounts of adrenalin.

Adrenalin minimizes the blood flow, maintains the local anesthetic in the region of the
20 laceration for a prolonged period of time.

In the sporting situation, it is not permitted for you to use local anesthetics containing adrenalin, because adrenalin, is, of course, a stimulant and can produce changes in performance, perceived changes
25 in performance.

Similarly, the corticosteroids which are steroids but steroids completely unlike the anabolic steroids; things like prednisone, cortisone in popular language, the use of these drugs is restricted and controlled and it can be used -- an injection into a knee or into an inflamed ankle or in that manner, but not give an athlete large doses of systemic corticosteroids.

In each of those instances, the use of -- in the Olympic situation -- the use of those kinds of medications must be of the permitted medications in the permitted manner must still be documented and identified to the appropriate medical authorities at the Olympic Games, Olympic Games site.

I was going to talk very briefly about testing at this point, if you wish me to to continue?

THE COMMISSIONER: Perhaps we should adjourn now. Can you be here tomorrow morning?

THE WITNESS: Yes.

THE COMMISSIONER: Perhaps we could ---

MS. CHOWN: Dr. Pipe has been very -- we are very grateful to him to -- he's been here Friday and -- but he has to leave tomorrow. But we're sure that we can finish tomorrow morning.

THE COMMISSIONER: I think it would be a very good time to break. Thank you very much. It's

fascinating, doctor. Tomorrow morning at ten o'clock.

---Whereupon the proceedings were adjourned to resume at
10:00 a.m., January 17, 1989.

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